

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0179620 AV

DOCUMENT # P98000077388

1. Entity Name

COMPREHENSIVE EMPLOYEE SERVICES, INC.

01-31-2002 90017 001 ***150.00

Principal Place of Business

**4588 N UNIVERSITY DR
 LAUDERHILL FL 33351**

Mailing Address

**4590 N UNIVERSITY DRIVE
 LAUDERHILL FL 33351**

B0014600



2. Principal Place of Business

3300 University Drive

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.
903

Suite, Apt. #, etc.
903

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0865607

Applied For

Not Applicable

Zip

33065

Country

Broward

Zip

33065

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, GRAFTON N

1290 E OAKLAND PARK BLVD

STE 200

FORT LAUDERDALE FL 33334-4443

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MIROWSKY, NICHOLAS**
 STREET ADDRESS **4592 NORTH UNIVERSITY DRIVE**
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SILVER, ROCHELLE**
 STREET ADDRESS **4588 N UNIVERSITY DR**
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Rochelle Silver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15 02 341-2525
 Date Daytime Phone #

CR2E034 (9/01)