

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90011 041 ***150.00

DOCUMENT # P99000007213

1. Entity Name

KBM PEO SOLUTIONS, INC.

Principal Place of Business

Mailing Address

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0902520
151036232

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTLE, MICHELLE

KBM PEO SOLUTIONS INC
7850 NW 146 STREET
HIALEAH FL 33016

Name Patrick T. BATTLE

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

7850 NW 146th Street

City Miami Lakes

FL

Zip Code 33016

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)

4/27/01

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, 2001 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
NAME BATTLE, BENJAMIN
STREET ADDRESS 7850 N.W. 146TH STREET
CITY-ST-ZIP MIAMI LAKES FL 33016
☒ Delete

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

TITLE P
NAME BATTLE, MICHAEL W
STREET ADDRESS 7850 NW 146 STREET
CITY-ST-ZIP HIALEAH FL 33016
☐ Delete

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

TITLE EVP
NAME BATTLE, TIMOTHY A
STREET ADDRESS 7850 N.W. 146 STREET
CITY-ST-ZIP HIALEAH FL 33016
☐ Delete

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

TITLE E
NAME Robert B. Battle
STREET ADDRESS 7850 NW 146 Street
CITY-ST-ZIP Miami Lakes FL 33016
☐ Delete

TITLE EVP
NAME Robert B. Battle
STREET ADDRESS 7850 NW 146 Street
CITY-ST-ZIP Miami Lakes FL 33016
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE Patrick T. Battle
NAME Pres.
STREET ADDRESS 7850 NW 146th Street
CITY-ST-ZIP Miami Lakes FL 33016
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 305
558-1101

Date

Daytime Phone #

CR2E034 (10/00)