

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90044 027 ***150.00

DOCUMENT # P99000007213

1. Entity Name

KBM PEO SOLUTIONS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7850 N.W. 146 STR.

3. Mailing Address

7850 NW 146 STR

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite 200

City & State

MIAMI LAKES FLA

City & State

Miami Lakes Fla

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1036232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTLE, PATRICK T
RGM PEO SOLUTIONS INC
7850 NW 146 STREET
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name **BATTLE, PATRICK T**
KBM PEO SOLUTIONS INC
 Street Address (P.O. Box Number is Not Acceptable)
7850 NW 146 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, type 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

TITLE	EVP	<input type="checkbox"/> Delete
NAME	BATTLE, MICHAEL W	
STREET ADDRESS	7850 NW 146 STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BATTLE, TIMOTHY A	
STREET ADDRESS	7850 N.W. 146 STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BATTLE, ROBERT B	
STREET ADDRESS	7850 NW 146TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	P	<input type="checkbox"/> Delete
NAME	BATTLE, PATRICK T	
STREET ADDRESS	7850 NW 146TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/01)