

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90031 022 ***150.00

DOCUMENT # P99000010315

1. Entity Name

PREMIER STAFFING PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

**6401 SW 87 AVE
STE 103
MIAMI FL 33173****6401 SW 87 AVE
STE 103
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

9360 SW 72 St**256 NW 42 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

260**MIAMI FL****MIAMI FL**4. FEI Number **65-0909906**

Applied For

Not Applicable

33173**MIAMI-DADE****33173****MIAMI-DADE**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

**BABUN, LIZETTE M
10621 NORTH KENDALL DR. STE. 121
MIAMI FL 33176**Name **Rolando Trujillo & Assoc.**

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

256 NW 42 Ave.City **Miami****FL**Zip Code
331

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's 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, 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	PT	<input type="checkbox"/> Delete
NAME	FORSECA, MYRON	
STREET ADDRESS	11485 SW 87 AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FORSECA, RONALD	
STREET ADDRESS	11485 SW 87 AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		

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 (10/00)