FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91612 002 ***150.00

DOCUMENT # P99000010315

1. Entity Name

Premier Staffing Professionals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9360 SW 72nd Street	9360 SW 72nd Street
Suite, Apt. #, etc. Suite 260	Suite, Apt. #, etc. Suite 260
City & State Miami, FL	City & State Miami FL
Zip 33173 Country USA	Zip 33173 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Silvio Amico

Street Address (P.O. Box Number is Not Acceptable)
8401 SW 87 Ave
Suite 120

City Miami FL Zip Code 33173

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 _____ Amico 04-18-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/S
NAME	Myron Fonseca
STREET ADDRESS	11485 SW 87 Ave
CITY-ST-ZIP	Miami, FL 33176
TITLE	VP/T
NAME	Ronald Fonseca
STREET ADDRESS	11485 SW 87 Ave
CITY-ST-ZIP	Miami, FL 33176
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Myron Fonseca President 4/17/02 305-595-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #