

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011710

1. Entity Name  
EMPLOYER RESOURCES INTERNATIONAL, INC.

Principal Place of Business  
37 N. ORANGE AVE.  
STE. 500  
ORLANDO FL 32801

Mailing Address  
37 N. ORANGE AVE.  
STE. 500  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BIDHENDI, POURIA  
37 N. ORANGE AVENUE  
SUITE 500  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
Khostow Bidhendi  
Street Address (P.O. Box Number is Not Acceptable)  
37 N. Orange Ave. Suite 1010  
Suite 1010  
City Orlando FL Zip Code 32801

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 *K. Bidhendi*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME BIDHENDI, POURIA  
STREET ADDRESS 2891 S CONWAY RD #158  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE D  
NAME BIDHENDI, KHOSROW  
STREET ADDRESS 2891 S CONWAY RD #158  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004704948--3  
-12/04/01--01093--019  
\*\*\*750.00 \*\*\*750.00 ☐ Change ☐ Addition

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

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

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

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: *K. Bidhendi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 13 AM 7:41



REINSTATEMENT

4. FEI Number 59-3558281

Applied For  
Not Applicable

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

001542 AV

CR2E034 (5/01)

BR