

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>p99000011710</i>	
1. Entity Name <b>Employer Resources International</b>	

FILED  
03 MAY -5 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>37 North Orange Ave.</b>		3. Mailing Address <b>37 North Orange Ave.</b>	
Suite, Apt. #, etc. <b>Suite 1010</b>		Suite, Apt. #, etc. <b>Suite 1010</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3558281</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
7. Name and Address of Current Registered Agent		
Name <b>Khosrow Bidhendi</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>129 Whitecaps Cir.</b>		
City <b>Maitland</b>	FL	Zip Code <b>32751</b>

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Khosrow Bidhendi DATE 1-21-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Secretary, &amp; Cheif Finanacial Officer Khosrow Bidhendi 129 Whitecaps Cir., Maitland, FL 32751</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400018834264 05/13/03--01044--005 **150.00</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Bidhendi DATE 1-21-03 (407)540-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

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