

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90040 040 ***150.00

DOCUMENT # P99000023379

1. Entity Name

SOCIAL WORK CONSULTING & STAFFING, INC.

Principal Place of Business

Mailing Address

3116 N. FEDERAL HWY., #239
 LIGHTHOUSE POINT FL 33064

3116 N. FEDERAL HWY., #239
 LIGHTHOUSE POINT FL 33064-6738

2. Principal Place of Business

3. Mailing Address

2436 N. Federal Hwy
 Suite, Apt. #, etc.
#239

2436 N. Federal Hwy #239
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Lighthouse Point, FL

Lighthouse Point, FL

65-0917019

Not Applied

33064

USA

33064

USA

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

BROEMMER, LAURA
3116 N. FEDERAL HWY., #239
LIGHTHOUSE POINT FL 33064

Name

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

City

FL

Zip Code

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 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, 2000 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 **D** ☐ Delete
 NAME **BROEMMER, LAURA**
 STREET ADDRESS **3116 N. FEDERAL HWY., #239**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **/** ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MORANO, CARMEN**
 STREET ADDRESS **3116 N. FEDERAL HWY., #239**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☐ Delete
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Broemmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(954) 785-8888

Daytime Phone #