

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036125

1. Entity Name

STAFFING PROVIDERS, INC.

Principal Place of Business

20533 BISCAYNE BLVD., STE. 325
AVENTURA FL 33180

Mailing Address

20533 BISCAYNE BLVD., STE. 325
AVENTURA FL 33180-1529

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0932752

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCALZO, JOAN
20533 BISCAYNE BLVD., STE. 325
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name REISCH, ANN

Street Address (P.O. Box Number is Not Acceptable)
20533 Biscayne Blvd #325

AVENTURA FL 33180

City

FL

Zip Code 33180

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

TITLE D
NAME SCALZO, JOAN
STREET ADDRESS 20533 BISCAYNE BLVD., STE. 325
CITY-ST-ZIP AVENTURA FL 33180

☒ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME ANN REISCH
STREET ADDRESS 20533 Biscayne Blvd # 325
CITY-ST-ZIP AVENTURA, FL, 33180

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90082 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)