

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

DOCUMENT # P99000044049

1. Entity Name

STUDENT REFERRAL SERVICES, INC.

02-09-2000 90054 029 ***150.00

Principal Place of Business 1250 E HALLANDALE BEACH BLVD SUITE 600 HALLANDALE FL 33009 603		Mailing Address 1250 E HALLANDALE BEACH BLVD SUITE 600 HALLANDALE FL 33009-4638 603		DO NOT WRITE IN THIS SPACE 00016222
2. Principal Place of Business 1250 E Hallandale Beach Blvd Suite, Apt. #, etc. 603		3. Mailing Address Suite, Apt. #, etc.		
City & State Hallandale FL		City & State		
Zip 33009	Country USA	Zip	Country	
4. FEI Number 65-0919249				Not
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Fee Required
6. Name and Address of Current Registered Agent SPINKA, RACHEL 1250 E HALLANDALE BEACH BLVD SUITE 609 HALLANDALE FL 33009			7. Name and Address of New Registered Agent 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SPINKA, RACHEL 1250 E HALLANDALE BEACH BLVD SUITE 609 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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

SIGNATURE:

Rachel Spinka
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99