

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047837

1. Entity Name

ADVANTAGE OUTSOURCE, INC.

Principal Place of Business

9715 FONTAINBLEAU BLVD.
#213
MIAMI FL 33172

Mailing Address

9715 FONTAINBLEAU BLVD.
#213
MIAMI FL 33172

2. Principal Place of Business

15321, SW 18th STREET

3. Mailing Address

15321, SW 18th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL-33027

City & State

MIRAMAR, FL-33027

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number

65-0863753

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SRINIVASAN, VALADI
9715 FONTAINBLEAU BLVD.
#213
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

SRINIVASAN, VALADI

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

15321, SW 18th STREET

City

MIRAMAR

FL

Zip Code

33027

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)

04/30/2002

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SRINIVASAN, VALADI 9715 FONTAINBLEAU BLVD. MIAMI FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALADI SRINIVASAN, VALADI 15321, SW 18 th STREET MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <input type="checkbox"/> 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

04/30/2002

954 535 3429

Date

Daytime Phone #

CR2E034 (9/01)