

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000049688**

Entity Name

INTERNATIONAL RECRUITING NETWORK, INC.**FILED**
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90073 001 ***158.75

Principal Place of Business 100 E. LINTON BLVD. STE. 116-B DELRAY BEACH FL 33483	Mailing Address 100 E. LINTON BLVD. STE. 116-B DELRAY BEACH FL 33483-3341
--	---

00036650



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3393 SW SUNSET TRACE CIR.	3. Mailing Address 3393 SW SUNSET TRACE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM CITY/FL	City & State PALM CITY/FL	4. FEI Number 65-0927470	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34990	Country MARTIN	Zip 34990	Country MARTIN
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

**HYRE, MICHAEL B
100 E. LINTON BLVD. STE. 116-B
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HYRE, MICHAEL B 100 E. LINTON BLVD. STE. 116-B DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HYRE, DANIELA 100 E. LINTON BLVD. STE. 116-B DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HYRE, MICHAEL B. 3393 SW SUNSET TRACE CIRCLE PALM CITY, FL. 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HYRE, DANIELA 3393 SW SUNSET TRACE CIRCLE PALM CITY, FL. 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael B Hyre **MICHAEL B HYRE** 4/18/00 5612867879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)