

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049688

1. Entity Name

INTERNATIONAL RECRUITING NETWORK, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90077 010 ***158.75

Principal Place of Business

3393 SW SUNSET TRACE CIRCLE
PALM CITY FL 34990

Mailing Address

3393 SW SUNSET TRACE CIRCLE
PALM CITY FL 34990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0927470

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYRE, MICHAEL B

~~100 E. LINTON BLVD. STE. 110-B~~

DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

HYRE, MICHAEL B

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

3393 SW SUNSET TRACE CIR

City

PALM CITY

FL

Zip Code

34990

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

Michael B. Hyre

(NOTE: Registered Agent signature required when reinstating)

3/20/01

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, 2001 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 ☐ Delete
NAME HYRE, MICHAEL B
STREET ADDRESS 3393 SW SUNSET TRACE CIRCLE
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete
NAME HYRE, DANIELA
STREET ADDRESS 3393 SW SUNSET TRACE CIRCLE
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael B. Hyre MICHAEL B. HYRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(561) 286-7879

Daytime Phone #

CR2E034 (10/00)