

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055114

1. Entity Name

PROFESSIONAL MANAGEMENT STAFFING, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

02-05-2000 90048 009 ***150.00

07-24-2000 90013 023 ***550.00

Principal Place of Business

1602 ALTON ROAD
SUITE 353
MIAMI BEACH FL 33139

Mailing Address

1602 ALTON ROAD
SUITE 353
MIAMI BEACH FL 33139

2. Principal Place of Business

1749 E. Hallandale Blvd. Suite, Apt. #, etc.

3. Mailing Address

1749 E. Hallandale Blvd. Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

298

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

USA

Zip

33009

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS ROLPH, GREGORY J
CITY-ST-ZIP 1602 ALTON ROAD
MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME VSTD
STREET ADDRESS GASAL, WILMA
CITY-ST-ZIP 1602 ALTON ROAD
MIAMI BEACH FL 33139

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

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

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:

WILMA GASAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

305-525-1822
Date Daytime Phone #