

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91026 049 ***150.00

DOCUMENT # P99000055114

1. Entity Name
PROFESSIONAL MANAGEMENT STAFFING, INC.



Principal Place of Business
1749 E HALLANDALE BEACH BLVD
298
HALLANDALE FL 33009

Mailing Address
1749 E HALLANDALE BEACH BLVD
298
HALLANDALE FL 33009



2. Principal Place of Business

1835 E. Hallandale Bch Blvd.

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State
Hallandale FL

Zip
33009

Country
USA

City & State

Zip

Country

4. FEI Number 65-0930676

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILMA, GASAL
1749 E. HALLANDALE BEACH BLVD. #298
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Wilma Gasal**
Street Address (P.O. Box Number is Not Acceptable) **1835 E. Hallandale Bch Blvd**
Suite **298**
City **Hallandale** **FL** Zip Code **33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROLPH, GREGORY J**
STREET ADDRESS **1602 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03
Date

Daytime Phone #

CR2E034 (10/02)