

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90017 033 \*\*\*150.00

DOCUMENT # P99000075049

1. Entity Name

ADAMO ENTERPRISES PHARMACY STAFFING, INC.

R

Principal Place of Business

11911 N US HWY #1  
NORTH PALM BEACH FL 33408

Mailing Address

11911 N US HWY #1  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

Same AS Above

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Same AS Above

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMO, PATRICIA  
11911 N US HWY #1  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

LINDA ZARAK

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

703 ST. Giles Ct.

Palm beach Gardens

City

FL

Zip Code

33418

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 LINDA ZARAK

President

*Linda Zarak*

7/10/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMO, PATRICIA	
STREET ADDRESS	255 CARDINAL LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMO, GESVALDO	
STREET ADDRESS	255 CARDINAL LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA Zarak		
STREET ADDRESS	703 ST. Giles Ct.		
CITY-ST-ZIP	Palm beach Gdns FL 33418		
TITLE	Secretary	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shamdaï Mansook		
STREET ADDRESS	1116 S.E. Walton Lakes Dr.		
CITY-ST-ZIP	Pt. St. Lucie FL 34952		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Linda Zarak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

561-360-2858

Daytime Phone #

CR2E034 (5/00)



Adamo Enterprises, Inc.

Pharmacy Staffing

11911 U.S. Highway 1, Suite 201  
North Palm Beach, FL 33408  
1-(888) 275-1488  
Fax (561) 741-0128

Attachment  
DH 096000075049  
DW 71531

July 10, 2000

Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir/Madam,

This letter is to inform you that on July 10th, 2000 we received a 2000 Business Uniform Report for the first time. However, this form stated that it was our second notice to file the report, since it was our first time receiving this form we couldn't have file our report on time. Immediately upon receiving this form we contacted the State and were told to send in a check for \$150.00 instead of \$550.00. Enclose please find our check in the amount of \$150.00. Thank you for your cooperation in this matter.

Sincerely yours,

Linda Zarak  
President