5/31

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State
05-31-2000 90065 013 ***150.00

DOCUMENT # P99000087187

1. Entity Name
STAFFING ARCHITECTS INCORPORATED

Principal Place of Business	Mailing Address
7543 SW 26th Court Unit66	7543 SW 26th Court Unit
Davie, FL 33314	Davie, FL 33314

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	300 NW 82ND AVE #506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PLANTATION, FL
Zip / Country	Zip: 33324 / Country

4. FEI Number: 65-0951982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Laura R Dunlap
Corporation Service Company
1013 Centre Road
Wilmington, DE 19805

7. Name and Address of New Registered Agent

Name: ~~Nani~~ RAHANA Atluri C/O F GUTTA CPA
Street Address (P.O. Box Number is Not Acceptable): 300 NW 82ND AVE SUITE 506
City: PLANTATION FL Zip Code: 33324

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] 07/01/2000
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sumitha Kongara 7543 SW 26th Court Unit 66 ~~Davie, FL 33314~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sumitha Kongara 1260 Westford St #24C ~~Lowell, MA 01851~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD ~~Nani~~ RAHANA Alturi 1260 Westford St #24C ~~Lowell, MA 01851~~	☐ Change ☒ Addition
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CR2E034 (9/99)

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: [signature] (RAHANA ATLURI) 04-28-2000 (978)884-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #