00-03

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 23 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087187

1. Entity Name
Staffing Architects Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7371 CRYSTAL LAKE DR	7371 CRYSTAL LAKE DR
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State SWARTZ CREEK MI	City & State SWARTZ CREEK MI
Zip 48473 Country USA	Zip 48473 Country USA

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of Current Registered Agent
Name Gutta Koutoulas & Relis LLC
Street Address (P.O. Box Number is Not Acceptable)
8211 W Broward Blvd #350
City Plantation FL Zip Code 33324

DO NOT WRITE IN THIS SPACE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Ramana Atluri
STREET ADDRESS / CITY-ST-ZIP	7371 Crystal lake dr #6 Swartz Creek MI 48473
TITLE	Director
NAME	Sumitha Atluri
STREET ADDRESS / CITY-ST-ZIP	7371 Crystal lake dr #6 Swartz Creek MI 48473
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

800021080928
06/23/03--01059--020 **450.00

800021080928
06/23/03--01059--021 **150.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramana Atluri 04/17/03 (810) 655-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/23