

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90131 007 \*\*\*150.00

**DOCUMENT # P99000087591**

1. Entity Name

**PERSONNEL RESOURCES, CORP.**



Principal Place of Business

**3000 SOUTH OCEAN DRIVE #15L  
 HOLLYWOOD FL 33019**

Mailing Address

**3000 SOUTH OCEAN DRIVE #15L  
 HOLLYWOOD FL 33019**

2. Principal Place of Business

**6151 HIRAMAR PKWY**

3. Mailing Address

**6151 HIRAMAR PKWY**

Suite, Apt. #, etc.

**SUITE #201**

Suite, Apt. #, etc.

**SUITE #201**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33023**

Country

**USA**

Zip

**33023**

Country

**USA**

4. FEI Number

**65-0956511**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DEL AGUILA, ROSSE MARIE  
 3000 SOUTH OCEAN DRIVE #15L  
 HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **HERNAN TORRES**

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

**6151 HIRAMAR PKWY**

**SUITE #201**

City

**MIAMI**

**FL**

Zip Code

**33023**

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]* **HERNAN TORRES, President/S/T.**

**9/11/01**

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 12, 2001 Fee 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEL AGUILA, ROSSE</b>	
STREET ADDRESS	<b>3000 SOUTH OCEAN DR. #156</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/T/S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERNAN TORRES</b>	
STREET ADDRESS	<b>6151 HIRAMAR PKWY SUITE #201</b>	
CITY-ST-ZIP	<b>MIAMI FL 33023</b>	
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		
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:

*[Signature]* **HERNAN TORRES** **9/11/01** **954 922-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 979244 Doc. # PA9000087521  
Personnel Resources

Hernan Torres  
6151 Miramar Pkwy. Suite #201  
Miramar, Fl. 33023

9/14/2001


To whom it may Concern:

This is to inform you the reason for not filing on time our 2001 Uniform Business Report. We have changed our Registered Agent and address. Our previous Registered Agent claims she never received any notice in the past and did hold the last notice until we question her about it. She has been removed from and I am taking over the new position.

I am also going to be the P/V/S/T.

I will thank you for the consideration in this matter.

Sincerely,

  
Hernan Torres  
P/V