

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2000 8:00 am
Secretary of State

05-01-2000 90426 044 ***150.00
06-19-2000 90007 032 *****8.75

DOCUMENT # P 99 000091228

1. Entity Name

SOUTH FLORIDA EMPLOYMENT OPPORTUNITIES, INC.

Principal Place of Business

Mailing Address

8034 Wiles Rd #214
Coral Springs FL 33067

8034 Wiles Rd #214
Coral Springs, FL 33067

00102455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8034 WILES RD

8034 WILES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

214

City & State

City & State

CORAL SPRINGS, FLORIDA

CORAL SPRINGS, FLORIDA

Zip

Country

Zip

Country

33067

USA

33067

USA

4. FEI Number

65-0959204

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JANET CIRMINIELLO

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

8034 WILES RD, SUITE 214

City

CORAL SPRINGS

FL

Zip Code

33067

JEFF CIRMINIELLO
8034 Wiles Rd #214
Coral Springs, FL 33067

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]

(NOTE: Registered Agent signature required when reinstating)

5/31/00

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	President / CEO	<input checked="" type="checkbox"/> Delete
NAME	JEFF CIRMINIELLO	
STREET ADDRESS	8034 Wiles Rd #214	
CITY-ST-ZIP	Coral Springs FL 33067	
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		

TITLE	President / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET CIRMINIELLO	
STREET ADDRESS	8034 Wiles Rd #214	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)