2001	UNIFORM BUS	INESS REPO	RT	(UBF	} }	FILEI	)			•
DOCUMENT # P9900091228  1. Entity Name SOUTH FLORIDA EMPLOYMENT OPPORTUNITIES, INC.					<u></u> .	Apr 29, 2001 08:00 AM Secretary of State				
Principal Plac 8034 WILES RI 214 CORAL SPRIN 33067	D	Mailing Address 8034 WILES RD 214 CORAL SPRINGS 33067	US	FL						
2. Principal P	lace of Business RIDGE DRIVE	3. Mailing Address 5944 CORAL RIDGE DRIVE								
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State CORAL SPRIN		City & State CORAL SPRINGS Zip	CORAL SPRINGS			FEI Number 5-0959204		No	plied For t Applicable	- -
33076	US	33076	us	<i>y</i>	5.	Certificate of Status Desired		8.75 Add ee Require	litional d	
6. Name and Address of Current Registered Agent CIRMINIELLO JANET 8034 WILES RD, SUITE 214					ELLO JA	Name and Address of New Re ANET Sox Number is Not Acceptable) DR	egistered A			- - -
CORAL SP	RINGS	TL .		109					<b></b>	1
33067				City			FL	Zip Code	<del></del>	-
8 The above	named entity submits_this statement for	or the purpose of changing its		CORAL S		and a least in the Object of Etc.		33076		-
SIGNATURE .	JANET CIRMINIELI Signature, typed or printed name of registered agent	on and title if applicable, (NOTE:	Registered	J Agent signatur	re required when re		04/29/2	2001	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  (See criteria on back)				will be \$5	50.00	10. Election Campaign Fina Trust Fund Contribution			<b>0</b> May Be to Fees	
11.	OFFICERS AND		12.		AE	DDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CIRMINIELLO JANET 8034 WILES RD #214 CORAL SPRINGS	☐ Delete  FL 33067			PCEO CIRMINIEI 5944 CORAL CORAL SP	AL RIDGE DRIVE ,SUITE 109		<b>™</b> Change 33067	☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dalete ,						☐ Change	Addition	CR2E03
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADORESS -ST-ZIP				☐ Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my owered to execute this report at	reimat	ura chail ba	watha aama	local offect on it made	سما فمطلا بطفم		!	
SIGNAT		LO PRINTED NAME OF SIGNING OFFICER OF	R DIRECT	OR .	F	PCEO 04/29/2001  Date	Dav	/time Phone #		

Daytime Phone #

Date