

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20506

1. Entity Name

HEALTH CARE STAFFING, INC.

Principal Place of Business

12942 SW 133 CT
MIAMI FL 33186-5806
US

Mailing Address

12942 SW 133 CT
MIAMI FL 33176-4753
US

2. Principal Place of Business

10401 SW 121 ST

Suite, Apt. #, etc.

3. Mailing Address

10401 SW 121 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

BREWER, DWIGHT R
10401 SW 121 ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BREWER, DWIGHT R.	
STREET ADDRESS	10401 SW 121 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BREWER, DEBRA	
STREET ADDRESS	10401 SW 121 ST	
CITY-ST-ZIP	MIAMI FL 33176	
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	PSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, DWIGHT R.	
STREET ADDRESS	10401 SW 121 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
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:

Dwight R. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 (305) 235-9666
Date Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90994 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)