

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90057 033 ***150.00

DOCUMENT # S22172

1. Entity Name

STAFFLINK OUTSOURCING III, INC.

Principal Place of Business

11098 BISCAYNE BLVD.
 SUITE 203
 NORTH MIAMI FL 33161
 US

Mailing Address

11098 BISCAYNE BLVD.
 SUITE 203
 NORTH MIAMI FL 33161
 US

2. Principal Place of Business

150 S. Pine Island RD

Suite, Apt. #, etc. **100**

3. Mailing Address

150 S. Pine Island RD

Suite, Apt. #, etc. **100**

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number **65-0233907**

Applied For

Not Applicable

Zip **33324**

Country **U.S.A.**

Zip **33324**

Country **U.S.A.**

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

FINKELSTEIN, ABRAM
11098 BISCAYNE BLVD
SUITE 203
NORTH MIAMI FL 33161

Name **Finkelstein, Abram**

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

150 S. Pine Island RD # 100

City **Plantation**

FL

Zip Code **33324**

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.

Abram Finkelstein

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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, 2001 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 **PTS** ☐ Delete
 NAME **FINKELSTEIN, ABRAM**
 STREET ADDRESS **11098 BISCAYNE BLVD., STE. 203**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **P** ☒ Change ☐ Addition
 NAME **Abram Finkelstein**
 STREET ADDRESS **150 S. Pine Island Rd. #100**
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Abram Finkelstein

4/23/01

Date

954 423 8262

Daytime Phone #

CR2E034 (10/00)