

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48250

1. Entity Name

CREATIVE STAFFING STRATEGIES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90046 028 ***150.00

Principal Place of Business

Mailing Address

6590 VIA TRENTO
 DELRAY BEACH FL 33446
 US

6590 VIA TRENTO
 DELRAY BEACH FL 33446-3736
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0261581

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOFFMAN, MORT
 6590 VIA TRENTO
 DELRAY BEACH FL 33446

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME HOFFMAN, MAURICE
 STREET ADDRESS 21374 BRIDGEVIEW DR
 CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6590 VIA TRENTO
 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE D ☐ Delete
 NAME GOTTLIEB, IRA N.
 STREET ADDRESS 305 MADISON AVE #2033
 CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME PRUFETA, JOHN R.
 STREET ADDRESS 305 MADISON AVE #2033
 CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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

04-20-99 212-697-7207

Date

Daytime Phone #

CR2E034 (9/99)