

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077463

1. Entity Name

THE RESEARCH ALLIANCE, INC.

Principal Place of Business

829 BELTED KINGFISHER DR S  
PALM HARBOR FL 34683

Mailing Address

829 BELTED KINGFISHER DR S  
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3669790

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE S P.A.  
500 E KENNEDY BLVD, STE 101-A  
TAMPA FL 33602

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, 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

TITLE  
NAME ~~MR. FRANK PERSECHINO~~ ☐ Delete  
STREET ADDRESS ~~829 BELTED KINGFISHER DR S~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34683~~

TITLE  
NAME ~~MRS. LINA TEIXEIRA~~ ☐ Delete  
STREET ADDRESS ~~829 BELTED KINGFISHER DR S~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34683~~

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PRESIDENT ☐ Change ☐ Addition  
STREET ADDRESS FRANK PERSECHINO  
CITY-ST-ZIP 829 BELTED KINGFISHER DR S  
PALM HARBOR, FL 34683

TITLE  
NAME VICE PRESIDENT ☐ Change ☐ Addition  
STREET ADDRESS LINA TEIXEIRA  
CITY-ST-ZIP 829 BELTED KINGFISHER DR S  
PALM HARBOR, FL 34683

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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: Frank Persechino FRANK PERSECHINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-18-01

Daytime Phone #

FILED  
Jun 20, 2001 8:00 am  
Secretary of State

06-20-2001 90125 030 \*\*\*550.00

00071971



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)