

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072941

1. Entity Name

UNITED STATES JOB SEARCH CORP.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90018 003 ***158.75

0245365

Principal Place of Business
2787 EAST OAKLAND PARK BLVD.
SUITE 201
OAKLAND PARK FL 33306

Mailing Address
2787 EAST OAKLAND PARK BLVD.
SUITE 201
OAKLAND PARK FL 33306

00019200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1028913

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

BOLEMAN, JAMES
2787 EAST OAKLAND PARK BLVD.
SUITE 201
OAKLAND PARK FL 33306

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BOLEMAN, JAMES	
STREET ADDRESS	4159 NE 21 TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DUQUE, FABIO A	
STREET ADDRESS	12142 WASHINGTON STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, MIGDALIZ	
STREET ADDRESS	16896 S.W. 1ST PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
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		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

1-4-01

CR2E034 (10/00)