

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037745

1. Entity Name

SEARCH SUPPORT SYSTEMS, CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90059 041 ***150.00

| | |
|---|--|
| Principal Place of Business 3850 S.W. 87TH AVENUE 103 MIAMI FL 33165 US | Mailing Address 3850 S.W. 87TH AVENUE 103 MIAMI FL 33186-5800 US |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business 13404 SW 128 STREET Suite, Apt. #, etc. | 3. Mailing Address 13404 SW 128 STREET Suite, Apt. #, etc. |
|--|--|

| | |
|--------------------------------|--------------------------------|
| City & State MIAMI, FLORIDA | City & State MIAMI, FLORIDA |
| Zip 33186 | Zip 33186 |
| Country USA | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|---|
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------------------------|---|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRA, MARCIA
3850 S.W. 87TH AVENUE
SUITE 103
MIAMI FL 33165

| |
|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | PTD SERRA, MARCIA 3850 S.W. 87TH AVENUE #103 MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SERRA, MARCIA 13404 SW 128 STREET MIAMI, FL. 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SERRA, ROMAN 3850 S.W. 87TH AVENUE #103 MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SERRA, ROMAN 13404 SW 128 STREET MIAMI, FL. 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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
ROMAN SERRA 4-4-00 (305) 252-8484

*Date Daytime Phone #

CR2E034 (9/99)