

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 047 ***550.00

DOCUMENT # P95000043325

1. Entity Name
VIRTUAL SEARCH, INC.

Principal Place of Business
10693 WILES ROAD
SUITE 105
POMPANO BEACH FL 33076
US

Mailing Address
10693 WILES ROAD
SUITE 105
POMPANO BEACH FL 33076
US

2. Principal Place of Business

3. Mailing Address

4613 No. University Dr.

Suite, Apt. #, etc.
419

Suite, Apt. #, etc.

419

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS FL

Zip

Country

33067 USA

Zip

Country

33067 USA

4. FEI Number

65-0591494

Applied For

Not Applicable

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

MENCHER, MARC
1525 NW 3RD ST.
STE 1
DEERFIELD BCH FL 33442

Name

MENCHER, MARC

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

4613 No. University Dr.

419

City

CORAL SPRINGS

FL

Zip Code

33067

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.

HALE MENCHER, PRESIDENT

SIGNATURE **MENCHER, MARC** **President**

8/30/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MENCHER, MARC**
 STREET ADDRESS **10693 WILES ROAD SUITE 105**
 CITY-ST-ZIP **POMPANO BEACH FL 33076**

TITLE **Chief Financial Officer** ☐ Change ☒ Addition
 NAME **Howard Taule**
 STREET ADDRESS **4613 No. University Dr. # 419**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MARC MENCHER**
 STREET ADDRESS **4613 No. University Dr. # 419**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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)(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 REQUIRED
HOWARD TAULE CFO

8/30/01

Date

Daytime Phone #

CR2E034 (5/01)