

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004323

1. Entity Name

PRO-SEARCH ASSOC., INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 032 ***150.00

Principal Place of Business

Mailing Address

850 S.W. 4TH STREET
BOCA RATON FL 33486

850 S.W. 4TH STREET
BOCA RATON FL 33486-4614

2. Principal Place of Business

3. Mailing Address

399 CAMINO GARDENS
SUITE #306

399 CAMINO GARDENS
SUITE #306

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BCH.

Zip

33432

Country

PALM BCH.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, MICHAEL B
7777 GLADES ROAD
SUITE 200
BOCA RATON FL 33434

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 ☐ Delete
NAME D
STREET ADDRESS MORTON, DUNCAN
CITY-ST-ZIP 850 S.W. 4TH STREET
BOCA RATON FL 33486

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)