

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90205 038 \*\*\*150.00

**DOCUMENT # P97000042470**

1. Entity Name

INTERNATIONAL SEARCH GROUP INC.

Principal Place of Business

888 BRICKELL KEY DR.  
 SUITE 500  
 MIAMI FL 33131

Mailing Address

888 BRICKELL KEY DR.  
 SUITE 500  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

7344 NW 75th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tamarac

City & State

City & State

FL

Zip

Country

Zip

Country

33321

USA

4. FEI Number

65-0781158

☒ 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

UCC FILING & SEARCH SERVICES, INC.  
 526 E PARK AVE  
 TALAHASSEE FL 32301

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, 2002 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 P  
 STREET ADDRESS BATTAGLINI, LORIE  
 CITY-ST-ZIP 888 BRICKELL KEY DR STE 500  
 MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
 NAME LORIE BATTAGLINI  
 STREET ADDRESS 7344 NW 75th St  
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

LORIE BATTAGLINI  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16/02 305.374.4900  
 Date Daytime Phone #

CR2E034 (9/01)