

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

01-17-2002 90012 003 ***150.00

DOCUMENT # P98000011464

1. Entity Name

ATALENTSEARCH.COM, INC.

Principal Place of Business

11261 NW 16 COURT
 PEMBROKE PINES FL 33026

Mailing Address

11261 NW 16 COURT
 PEMBROKE PINES FL 33026

2. Principal Place of Business

Same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0814317

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

COLEY, DAVID G
 3600 HIGH PINE DRIVE
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Ileana Forment

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

SIS NE 95 ST.

MIAMI Shores, FL.

City

MIAMI SHORES FL

Zip Code

33138

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, MAUREEN P	
STREET ADDRESS	11261 NW 16 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	ILEANA FORMENT	
STREET ADDRESS	SIS NE 95 ST.	
CITY-ST-ZIP	MIAMI SHORES FL. 33138	
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ILEANA FORMENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIS NE 95 STREET	
STREET ADDRESS	MIAMI SHORES, FL.	
CITY-ST-ZIP	33138	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILEANA FORMENT	
STREET ADDRESS	SIS NE 95 ST.	
CITY-ST-ZIP	MIAMI SHORES, FL. 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

9/13/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)