2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the leceiver changed, or on an attachment with

SIGNATURE AND TYP

SIGNATURE:

FILED Jul 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000016321** THE SEARCH GROUP, INC. 07-07-2000 90396 023 ***550.00 Mailing Address Principal Place of Business 22828 HORSE SHOE WAY 22828 HORSE SHOE WAY **BOCA RATON FL 33428-5505 BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0815242 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMON-MARTINEZ, LAUREN Street Address (P.O. Box Number is Not Acceptable) 22828 HORSE SHOE WAY **BOCA RATON FL 33428** 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROGOFF, AMELIA NAME NAME 22828 HORSE SHOE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change ☐ Addition ☐ Delete TITLE SIMON-MARTINEZ, LAUREN NAME NAME 22828 HORSE SHOE WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP Change ☐ Addition TITLE - -- --- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 strustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNING OFFICER OR DIRECTOR