

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015525

1. Entity Name

SEARCHCORP, INC.

LA

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90016 025 \*\*\*550.00

Principal Place of Business

Mailing Address

1801 CLINT MOORE ROAD  
BOCA RATON FL 33487-2752

1801 CLINT MOORE ROAD  
BOCA RATON FL 33487-2752

2. Principal Place of Business

1000 Brickell Ave

3. Mailing Address

1000 Brickell Ave

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Miami Florida

City & State

Miami Florida

Zip

33131

Country

US

Zip

33131

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0908287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SERLE, STEVEN P.A.  
LAW OFFICES OF STEVEN SERLE  
2101 CORPORATE BLVD., N.W. SUITE 325  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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, 2001 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

TITLE ☐ Delete  
NAME **D**  
**HERNANDEZ, RAFAEL**  
STREET ADDRESS **1801 CLINT MOORE ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33487-2752**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAFAEL Hernandez** **July 19, 2001** **305 358 1575**

Date

Daytime Phone #

0514277

CR2E034 (10/00)