

2000 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
May 18, 2000 8:00 am
Secretary of State

04-27-2000 90090 017 ***150.00

DOCUMENT # P99000106791

1. Entity Name

SEARCHPRO CORPORATION

Principal Place of Business

**2419 E. COMMERCIAL BLVD., STE. 307
 LAUDERDALE FL 33308**

Mailing Address

**2419 E. COMMERCIAL BLVD., STE. 307
 LAUDERDALE FL 33308**

403250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

91-2016771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCILLIA, MICHAEL V
 2805 E. OAKLAND PARK BLVD., #110
 FT. LAUDERDALE FL 33308**

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, 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

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
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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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIRMAN, SECRETARY
STREET ADDRESS	MICHAEL SCILLIA
CITY-ST-ZIP	2419 E COMMERCIAL BLVD, SUITE 307 FT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	MATTHEW SARRO
CITY-ST-ZIP	5400 NW 21st AVE FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT, FINANCE
STREET ADDRESS	KAREN FISCHER
CITY-ST-ZIP	2419 E COMMERCIAL BLVD, SUITE 307 FT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT OPERATIONS, ASSISTANT SECRETARY
STREET ADDRESS	KRISTA KERSEY
CITY-ST-ZIP	2419 E COMMERCIAL BLVD, SUITE 307 FT LAUDERDALE, FL 33308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSISTANT VICE PRESIDENT
STREET ADDRESS	JOANNE FRDELICH
CITY-ST-ZIP	2419 E COMMERCIAL BLVD, SUITE 307 FT LAUDERDALE, FL 33308
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 reports 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

04/25/00

Date

954-202-0423

Daytime Phone #