

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90155 033 ***150.00

DOCUMENT # P01000053699

1. Entity Name
STRATMEDIA, INC.

Principal Place of Business

**3953 ADRA AVE.
MIAMI FL 33178**

Mailing Address

**3953 ADRA AVE.
MIAMI FL 33178**

2. Principal Place of Business

210 SEAVIEW DR

3. Mailing Address

210 SEAVIEW DR

Suite, Apt. #, etc.

A 312

Suite, Apt. #, etc.

A 312

City & State

KEY BISCAYNE

City & State

KEY BISCAYNE

Zip

33149

Country

U.S.A.

Zip

33149

Country

U.S.A.

6. Name and Address of Current Registered Agent

**CARRIZOSA, DIANA
3953 ADRA AVE.
MIAMI FL 33178**

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, 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

TITLE ☐ Delete
NAME **D TELLO, MAURICIO**
STREET ADDRESS **3953 ADRA AVE.**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME **D PAVIA, JOSE F**
STREET ADDRESS **445 GRAND BAY DR. A 610**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **M PAVIA, JOSE F**
STREET ADDRESS **210 SEAVIEW DR. A 312**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 8 02

Date

786 683 7303

Daytime Phone #

CR2E034 (9/01)