

# 2002 UNIFORM BUSINESS REPORT (UBR)

0058376 AV

DOCUMENT # P01000001120

1. Entity Name  
STRATEGIC RISK MANAGEMENT, INC.

FILED

02 AUG 13 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1550 NE MIAMI GARDENS DRIVE  
SUITE 403  
N. MIAMI BEACH FL 33179

Mailing Address  
1550 NE MIAMI GARDENS DRIVE  
SUITE 403  
N. MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1075266

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

7. Name and Address of New Registered Agent

KOFSKY, DAVID ALAN PA  
3440 HOLLYWOOD BLVD.  
SUITE 450  
HOLLYWOOD FL 33021

Name: Larry Benovitz  
Street Address (P.O. Box Number is Not Acceptable)  
1550 NE Miami Gardens Dr #403  
City N Miami Beach FL Zip Code 33179

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BENOVITZ, LARRY  
STREET ADDRESS 1550 NE MIAMI GARDENS DRIVE SUITE 403  
CITY-ST-ZIP N. MIAMI BEACH FL 33179

☐ Change ☐ Addition  
200007169912--6  
-08/16/02--01056--015  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
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☐ Change ☐ Addition  
TITLE  
NAME  
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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

7/30/02

Date

Daytime Phone #

CR2E034 (4/02)

**KCA** Kofsky, Coury & Associates, PA  
CERTIFIED PUBLIC ACCOUNTANTS

August 8, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Strategic Risk Management  
FEI 65-1075266

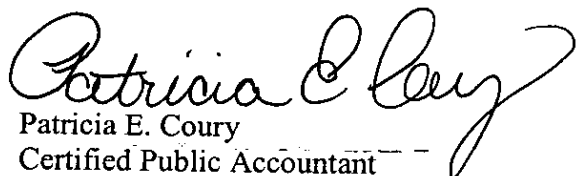
Dear Sir or Madam:

Enclosed please find the Uniform Business Report for 2002 and a check in the amount of \$150 for the above referenced client.

Our client has had some major staff changes in the past year and a half which is just now stabilizing. He believes the first Uniform Business Report either got misfiled or thrown out. For just cause, we are asking for abatement of penalties for this client.

Thank you for your cooperation regarding this matter.

Sincerely,

  
Patricia E. Coury  
Certified Public Accountant

Enclosures