

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90134 047 ***150.00

DOCUMENT # P99000103863

1. Entity Name

STRATEGIC DEVELOPERS, INC.



Principal Place of Business

104 CRANDON BLVD.

SUITE 324

KEY BISCAVNE FL 33149

US

Mailing Address

104 CRANDON BLVD.

SUITE 324

KEY BISCAVNE FL 33149

US

11029654



2. Principal Place of Business

104 Crandon Blvd

Suite, Apt. #, etc.

323

City & State

Key Biscayne FL

Zip 33149

Country

U.S.A

3. Mailing Address

104 Crandon Blvd

Suite, Apt. #, etc.

323

City & State

Key Biscayne FL

Zip

33149

Country

U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0964443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAKS, KEITH W. ESQ.

1450 MADRUGA AVENUE, #308

CORAL GABLES FL 33146

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE SDP
NAME ECHEVERRIA, GUSTAVO
STREET ADDRESS 104 CRANDON BLVD., SUITE #324
CITY-ST-ZIP KEY BISCAVNE FL 33149

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Echeverria Gus tayo.
STREET ADDRESS 104 Crandon Blvd # 323
CITY-ST-ZIP Key Biscayne, FL 33149.

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)