

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 350625

1. Entity Name
THE STRATFORD HOUSE, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90454 027 ***150.00

Principal Place of Business Mailing Address
C/O PACIFIC R.E. MGMT CORP C/O PACIFIC R.E. MGMT CORP
2600 DOUGLAS RD 1004 2600 DOUGLAS RD 1004
CORAL GABLES FL 33134 CORAL GABLES FL 33134
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1273064** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI FL 33131

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 _____ (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	VP	<input type="checkbox"/> Delete
NAME	SCHULTHEIS,THEODORE	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ISAIAS, ESTENFANO	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	2600 DOUGLAS RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: ROBERTO ISAIAS 3-16-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)