

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0406235 AV

DOCUMENT # F96000000220

1. Entity Name  
STRATEGIC CAPITAL RESOURCES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 17 AM 9:02

Principal Place of Business  
7900 GLADES RD  
610  
BOCA RATON FL 33434  
US

Mailing Address  
7900 GLADES RD  
610  
BOCA RATON FL 33434  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3289981

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

MILLER, DAVID  
3565 NW 61ST CIRCLE  
BOCA RATON FL 33496

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	WEISS, SAMUEL G	
STREET ADDRESS	30 MAIN STREET	
CITY-ST-ZIP	PORT WASHINGTON NY 11050	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLER, DAVID	
STREET ADDRESS	7900 GLADES RD SUITE 610	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MILLER, SCOTT	
STREET ADDRESS	7900 GLADES RD SUITE 610	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, RALPH	
STREET ADDRESS	7 ENSIEN LANE	
CITY-ST-ZIP	MASSAPEQUA NY	
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"/> Change <input type="checkbox"/> Addition
NAME	700010192007	
STREET ADDRESS	01/17/03--01060--004 **158.75	
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 checked="" type="checkbox"/> Addition
NAME	VPT GREENBERG, CARY	
STREET ADDRESS	7900 GLADES ROAD, SUITE 610	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: CARY GREENBERG 1/6/3 561-558-0165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)