

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G32986**

1. Entity Name

STRELKOW ASSOCIATES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90096 017 ***150.00

Principal Place of Business

**20531 SW 51 ST
FT LAUDERDALE FL 33332
US**

Mailing Address

**4839 SW 148TH AVENUE
502
DAVIE FL 33330
US**

2. Principal Place of Business

3. Mailing Address

4474 Weston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#144

City & State

City & State

DAVIE, FL

Zip

Country

Zip

Country

33331 USA

4. FEI Number

59-2295657

Applied For

Not Applicable

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

**STRELKOW, PETER
4839 S.W. 148TH AVENUE
502
DAVIE FL 33330**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STRELKOW, PETER**
STREET ADDRESS **4839 S.W. 148TH AVENUE, SUITE 502**
CITY-ST-ZIP **DAVIE FL**

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

TITLE **T** ☐ Delete
NAME **STRELKOW, DEBORAH**
STREET ADDRESS **4839 S.W. 148TH AVENUE, SUITE 502**
CITY-ST-ZIP **DAVIE FL**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: **Deborah Strelkow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 954-984-3998

CR2E034 (10/00)