

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90551 001 \*1,111.25

**DOCUMENT # G82428**

1. Entity Name  
**PHOENIX STRATEGIC STUDIES, INC.**

Principal Place of Business  
~~3785 N.W. 82ND AVE. STE. 211~~  
~~MIAMI FL 33166~~

Mailing Address  
~~3785 N.W. 82ND AVE. STE. 211~~  
~~MIAMI FL 33166~~

2. Principal Place of Business  
**10780 S.W. 190th St.**

3. Mailing Address  
**10780 S.W. 190th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, Florida**

City & State  
**MIAMI, Florida**

4. FEI Number **59-2355164**

Applied For  
 Not Applicable

Zip **33157** Country **USA**

Zip **33157** Country **USA**

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**

**AL, J. DR ESQUIVEL**  
**9955 S.W. 87TH CT.**  
**MIAMI FL 33176**

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ESQUIVEL, DR. J. AL<br><del>3785 N.W. 82ND AVE. STE. 211</del><br><del>MIAMI FL 33166</del> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ESQUIVEL, DR. J. AL<br><del>3785 N.W. 82ND AVE. STE. 211</del><br><del>MIAMI FL 33166</del> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CARRIO, MARLENE A.<br><del>3785 N.W. 82 AVE. STE. 211</del><br><del>MIAMI FL 33166</del>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>10780 S.W. 190th street</b><br><b>MIAMI, Florida 33157</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>10780 S.W. 190th street</b><br><b>MIAMI, Florida 33157</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>10780 S.W. 190th street</b><br><b>MIAMI, Florida 33157</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |

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

Date

Daytime Phone #

**04-09-02 (305) 238-0477**

CR2E034 (9/01)