

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005627

1. Entity Name  
STRAND VENTURES, LLC

Principal Place of Business  
115 NW 167 STREET  
#300  
NORTH MIAMI BEACH FL 33169

Mailing Address  
115 NW 167 STREET  
#300  
NORTH MIAMI BEACH FL 33169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1090370

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, GRANVIL M  
115 NW 167 STREET  
#300  
NORTH MIAMI BEACH FL 33169

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME Behar, Saby  
STREET ADDRESS 115 N.W. 167 St., Ste. 300  
CITY-ST-ZIP North Miami Beach, FL 33169

TITLE ☐ Change ☐ Addition  
NAME 100004211-001  
STREET ADDRESS -05/11/01--01088--004  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME Tracy, Granvil  
STREET ADDRESS 115 N.W. 167 St., Ste. 300  
CITY-ST-ZIP North Miami Beach, FL 33169

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

TITLE MGRM ☐ Delete  
NAME Jarvis, Bruce  
STREET ADDRESS 115 N.W. 167 St., Ste. 300  
CITY-ST-ZIP North Miami Beach, FL 33169

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0010716 AF

CR2E083 (11/00)