2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100003427 1. Entity Name 04-30-2002 90002 031 ****50.00 STRATEGICA MANAGEMENT, LLC Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 2500 701 BRICKELL AVENUE, SUITE 2500 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 2500 **MIAMI FL 33131** City 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, 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MANAging member David J. Belger ☐ Change TITLE **Addition** ☐ Delete TITLE NAME NAME 701 BRICKELL AVE: #2500 -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΨL MANAGING member **∠**ddition TITLE ☐ Delete TITLE Change member NAME NAME STREET ADDRESS STREET ADDRESS TO BRICHEIL AVE CITY-ST-7IP CITY-ST-7IP miami; 3313 MANAGING Member. Delete TITLE ☐ Change Addition steven hi NAME NAME 701 BRICKELL AVE STREET ADDRESS STREET ADDRESS 33131 CITY-ST-ZIP CITY-ST-ZIP miami FL MANAging member Soot KAANZ ☐ Delete ☐ Change Addition TITLE NAME 701 BRICKELL AVE #2500 STREET ADDRESS STREET ADDRESS miami CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REGIEVENTH COOK

FILED