

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000521**

1. Entity Name
STRATEGIC ALLIANCE TECHNOLOGIES, L.L.C.

Principal Place of Business
8551 W. SUNRISE BLVD., #102
PLANTATION FL 33322-4007

Mailing Address
8551 W. SUNRISE BLVD., #102
PLANTATION FL 33322-4007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0828416**

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

~~JUMPING JAX TAX, INC.~~ - *JUMPINGJAXTAX.COM, INC.*
8551 W. SUNRISE BLVD., #102
PLANTATION FL 33322-4007

Name *JUMPINGJAXTAX.COM, INC.*
Street Address (P.O. Box Number is Not Acceptable)
8551 WEST SUNRISE BLVD., #102
City *PLANTATION* FL Zip Code *33322-4007*

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 Delete
NAME **MGRM**
STREET ADDRESS **JUMPING JAX TAX, INC.**
CITY-ST-ZIP **8551 W. SUNRISE BLVD., #102
PLANTATION FL 33322-4007**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **M.S. COMPUTERS, INC.**
CITY-ST-ZIP **8551 W. SUNRISE BLVD., #102
PLANTATION FL 33322-4007**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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 OR MANAGER

DATE

DAYTIME PHONE #

John S. Miller, CEO of Jumping Jax Tax, Inc. 4/10/00 800-203-2347

CR 0103000001