

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90345 023 ***150.00

0101738

DOCUMENT # M04151

1. Entity Name

STRATEGIC PLANNING, INC.

Principal Place of Business

**5900 N ANDREWS AVE
 SUITE 250
 FORT LAUDERDALE FL 33309
 US**

Mailing Address

**1111 DIPLOMAT PARKWAY
 HOLLYWOOD FL 33019**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5900 N. Andrews Ave

Suite, Apt. #, etc.

250

City & State

Fort Lauderdale FL

Zip

33309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2439488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M.
 4000 HOLLYWOOD BLVD., #485 SOUTH
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **KONDRACKI, MARIA, C.**
 STREET ADDRESS **5900 N. ANDREWS AVE. #250**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **SORRENTINO, JANICE**
 STREET ADDRESS **818 ARGONAUT ISLE**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Maria C Kondracki President** **1-8-01 954-351-5409**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA C. KONDRACKI
 Date Daytime Phone #

CR2E034 (10/00)