

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M24786**

1. Entity Name

STRATEGIC HEALTH DEVELOPMENT CORPORATION**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90063 048 ***150.00

0167690

Principal Place of Business

**9315 NE 6 AVE #A1
MIAMI SHORES FL 33138**

Mailing Address

**9315 NE 6 AVE #A1
MIAMI SHORES FL 33138**

J 1 0 0 0 0



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 **59-2626367**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, JAMES M.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST KARIEWICZ, CYNTHIA L. 1008 PINE BRANCH DRIVE FT. LAUDERDALE FL			
C KARIEWICZ, ALFRED JR. 1008 PINE BRANCH DRIVE FT. LAUDERDALE FL			
P WALLBANK, NIGEL 10600 SW 72 CT MIAMI FL			

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfred J. Karniewicz Jr. **Alfred J. Karniewicz Jr.** 2/9/01

305 754 7937

CP2E034 (10/00)