2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M43213 **DOCUMENT #**

1. Entity Name

STRATEGICS INTERNATIONAL, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90073 016 ***150.00

		÷			COO WE THE					
Principal Place of Business C/O ROBERT R. VANCE 8245 S.W. 116TH TERRACE MIAMI FL 33156		C/O 8245	Mailing Address C/O ROBERT R. VANCE 8245 S.W. 116TH TERRACE MIAMI FL 33156							
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4.	FEI Number 59-2747855		pplied For ot Applicable	
Zip Country		Zip	ip Cour		у			\$8.75 Ad Fee Require	ditional	
	6. Name and Address	of Current Register	ed Agent .			7.	Name and Address of New Registers	ed Agent	-	
					Name			<u> </u>		
·•	Robert R.		Street Addr			s (P.O. Box Number is Not Acceptable)				
8245 SW	116TH TERR.		•		Olioci / Idaloc	35 (1.0.1	Box Number is Not Acceptable)			
MIAMI FL	33156									
					City		F	_		
8. The above the obliga	e named entity submits this s tions of registered agent.	statement for the purp	ose of changing it	ts registered	d office or regis	stered ac	gent, or both, in the State of Florida. I a	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if app	olicable. (NC	TE: Registered	Agent signature requ	uired when i	reinstating) DAT	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.	☐ Added	0 May Be d to Fees	
10.	· · · · · · · · · · · · · · · · · · ·	CERS AND DIRECTO	RS	11.		Αſ	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VANCE, ROBERT R. 8245 S.W. 116TH TERF MIAMI FL	RACE	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VANCE, CYNTHIA N. 8245 S.W. 116TH TERF MIAMI FL	RACE	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREET	ADDRESS	·		☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: