

2001 UNIFORM BUSINESS REPORT (UBR)

4/25/

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90149 042 ****61.25

DOCUMENT # N00000007729

1. Entity Name

STRONG TOWER INC.

Principal Place of Business

3760 W. OAKLAND PARK BLVD.
 LAUDERDALE LAKES FL 33311

Mailing Address

3760 W. OAKLAND PARK BLVD.
 LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0897496

Applied For

Not Applicable

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

FRASER, COURTNEY
 9341 NW 33 MANOR
 SUNRISE FL 33351

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

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	RICHARD YOUNG	"D"
STREET ADDRESS	4851 NW 15 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL. 33062	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	LEWIS TAYLOR	T
STREET ADDRESS	2580 NW 46 AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	SONIA KNIGHT	D
STREET ADDRESS	3500 NW 33 STREET	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	
TITLE	DELORIS GREEN	OFFICER <input type="checkbox"/> Delete
STREET ADDRESS	2831 SOMMERSET DRIVE	T
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33311	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	IAN LAGRENIER	D
STREET ADDRESS	5711 NW 12 STREET	
CITY-ST-ZIP	LAUDERDALE, FL. 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01

Date

(954) 739-6053

Daytime Phone #

CR2E037 (10/00)