

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90099 003 \*\*\*\*70.00

003

**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**

30005500



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4061-BA NW 16 STREET**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**LAUDERHILL FLORIDA**

City & State

4. FEI Number **65-0897496**

Applied For  
Not Applicable

Zip **33313** Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRASER, COURTNEY  
9341 NW 33 MANOR  
SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>OTD</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, RICHARD</b>	
STREET ADDRESS	<b>4851 NW 15TH STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33062</b>	
TITLE	<b>OT</b>	<input type="checkbox"/> Delete
NAME	<b>HAYNES, MONICA</b>	
STREET ADDRESS	<b>1112 TENNESSEE AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>OD</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, SONIA</b>	
STREET ADDRESS	<b>3500 NW 33RD STREET</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33309</b>	
TITLE	<b>OD</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, LEWIS</b>	
STREET ADDRESS	<b>2580 NW 48TH AVE</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33313</b>	
TITLE	<b>OD</b>	<input type="checkbox"/> Delete
NAME	<b>RAYMOND, CARLTON</b>	
STREET ADDRESS	<b>6201 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRASER, COURTNEY</b>	
STREET ADDRESS	<b>9341 NW 33 MANOR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OF REGISTERED AGENT **FRASER** 01/22/03 (954) 739-6053

CR2E037 (10/02)