

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90017 003 ***550.00

DOCUMENT # P00000032691

1. Entity Name
STRATEGIC BUSINESS ALLIANCE, INC.

Principal Place of Business

~~105 LIBERTY AVENUE~~
~~BELLEVILLE NJ 07109~~

Mailing Address

~~105 LIBERTY AVENUE~~
~~BELLEVILLE NJ 07109~~

2. Principal Place of Business

52 VANDERBILT AVE

3. Mailing Address

52 VANDERBILT AVE

Suite, Apt. #, etc.

14TH FLOOR

Suite, Apt. #, etc.

14TH FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10017

Country

USA

Zip

10017

Country

USA

4. FEI Number

65-1006240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **CARRERA, ARNALDO, PRINCIPAL**
STREET ADDRESS **105 LIBERTY AVENUE**
CITY-ST-ZIP **BELLEVILLE NJ 07109**

TITLE **JOHN M. LIEBERMAN, PRINCIPAL** ☐ Delete
NAME **JOHN M. LIEBERMAN**
STREET ADDRESS **347 W. 57TH ST. - Apt 18-C**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/2001 (212) 609-0340

CR2E034 (5/01)