

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90229 014 \*\*\*150.00

**DOCUMENT # P00000032691**

**1. Entity Name**  
**STRATEGIC BUSINESS ALLIANCE, INC.**

**Principal Place of Business**  
**52 VANDERBILT AVE**  
**14TH FLOOR**  
**NEW YORK, NY 10017**

**Mailing Address**  
**52 VANDERBILT AVE**  
**14TH FLOOR**  
**NEW YORK NY 10017**

**2. Principal Place of Business**

**3. Mailing Address**  
**105 LIBERTY AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BELLEVILLE NJ**

Zip

Country

Zip  
**07109**

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **CARRERA, ARNALDO**  
**STREET ADDRESS** **105 LIBERTY AVENUE**  
**CITY-ST-ZIP** **BELLEVILLE NJ 07109**

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

**TITLE** **P** ☒ Delete  
**NAME** **LIEBERMAN, JOHN M**  
**STREET ADDRESS** **347 W 57TH ST APT 18-C**  
**CITY-ST-ZIP** **NEW YORK NY 10019**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

2/18/02 (212) 609-0340

CR2E034 (9/01)