

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90018 044 ***150.00

DOCUMENT # P00000055729

1. Entity Name

STRAUCH INTERNATIONAL CORPORATION

Principal Place of Business

**862 SUNFLOWER CIRCLE
 WESTON FL 33327**

Mailing Address

**862 SUNFLOWER CIRCLE
 WESTON FL 33327**

2. Principal Place of Business

1555 west 44 Pl

Suite, Apt. #, etc.

108

City & State

Hialeah FL

Zip

33012

Country

3. Mailing Address

1555 west 44 Pl

Suite, Apt. #, etc.

108

City & State

Hialeah FL

Zip

33012

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014246

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ARIAS TOVAR, ILEANA ESQ.
 9900 STIRLING ROAD
 SUITE 218
 COOPER CITY FL 33024**

7. Name and Address of New Registered Agent

Name **ARIAS TOVAR ILEANA ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
725 MAIN STREET
SUITE 205
 City **WESTON** **FL** Zip Code **33326**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STRAUCH, ROBERTO J 9900 STIRLING ROAD SUITE 218 COOPER CITY FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUCH, ROBERTO 862 SUNFLOWER CIRCLE WESTON FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
 Date

(305) 231 9634
 Daytime Phone #

CR2E034 (9/01)