FILED

2001 UNIFORM BUSINESS REPORT: (UBR)

Jul 03, 2001 8:00 am **Secretary of State** DOCUMENT # P0000066313 05-15-2001 90184 027 ***150.00 STRATEGIC SANTA CLABA, INC. Principal Place of Business Mailing Address 5980 SW 57TH AVE 5960 SW 57TH AVE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address SAME 1500 SAN REMO AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUTTE #300 CORAL GABLES FLORIDA 4. FEI Number 65-1032519 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHREIBER, GERHARDT A ESQ. MCDONOUGH, BRIAN J 21224 Add PEO RO Box Demon is DONACE RUDB. 2200 MUSEUM TOWER, 150 W FLAGLER ST **MIAMI FL 33130** PENTHOUSE SUITE CRY CORAL GABLES 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. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Change | CR2E034 (10/00) TITLE TITLE P.RESIDENTAQUIN NAME AVINO, JOAQUIN 1500 SAN REMO AVENUE SUITE 300 STREET ADDRESS STREET ADDRESS CORAL GABLES FLORIDA 33146 CITY-ST-ZIP CITY-ST-ZIP Change Defete TITLE SECRETARY RODRIGUEZ, ANA 1500 SAN REMO AVENUE SUITE 300 STREET ADDRESS STREET ADDRESS CORAL GABLES, FLORIDA 33146 CITY-ST-ZIF CITY-ST-7IP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 charged, or on an attachment with an address, with all other like empowered.