

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90021 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066313

1. Entity Name
STRATEGIC SANTA CLARA, INC.

Principal Place of Business
**1500 SAN REMO AVENUE
 SUITE 300
 CORAL GABLES FL 33146**

Mailing Address
**5060 SW 57TH AVE
 MIAMI FL 33143**

21480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1032519		Not Applicable	
City & State		City & State					
Zip		Country				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
1500 San Remo Ave.		Coral Gables, Florida					
33146		USA					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHREIBER, GERHARDT A EOG 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134				Schreiber Rodon-Alvarez, P.A. 2222 Ponce De Leon Blvd Penthouse Suite Coral Gables FL 33134			

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 *Gerhard Schreiber* DATE 3/25/02

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	AVINO, JOAQUIN	NAME	
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	
TITLE	VP	TITLE	Secretary
NAME	RODRIGUEZ, ANA	NAME	Rodriguez, Ana
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 300	STREET ADDRESS	1500 San Remo Ave., #300
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Gerhard Schreiber* DATE 3/25/02 (305) 668-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2004 (8/01)