

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000067817**1. Entity Name  
**STRATEGIC ENDEAVORS, INC.****Principal Place of Business**

8592 W. SUNRISE BLVD., SUITE 401

SUNRISE  
33322

FL

**Mailing Address**

8592 W. SUNRISE BLVD., SUITE 401

SUNRISE  
33322

FL

2. Principal Place of Business  
1287 E. NEWPORT CENTER DRIVE

## 3. Mailing Address

1287 E. NEWPORT CENTER DRIVE

Suite, Apt. #, etc.  
SUITE 207Suite, Apt. #, etc.  
SUITE 207City & State  
DEERFIELD BEACH

FL

City & State  
DEERFIELD BEACH

FL

Zip  
33442

Country

Zip  
33442

Country

4. FEI Number  
**65-1025291**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DOWNING MATTHEW L  
8592 W. SUNRISE BLVD., SUITE 401SUNRISE  
33322

FL

## 7. Name and Address of New Registered Agent

Name

LANGNER JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
1287 E. NEWPORT CENTER DRIVE

SUITE 207

City  
DEERFIELD BEACH

FL

Zip Code  
33442

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 **JOSEPH LANGNER**

02/02/2001

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWNING MATTHEW L	
STREET ADDRESS	8592 W. SUNRISE BLVD., SUITE 401	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	DOWNING MATTHEW L	
STREET ADDRESS	8592 W. SUNRISE BLVD., SUITE 401	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGNER JOSEPH	
STREET ADDRESS	1287 E. NEWPORT CENTER DRIVE, SUITE 207	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGNER JOSEPH	
STREET ADDRESS	1287 E. NEWPORT CENTER DRIVE, SUITE 207	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOSEPH LANGNER**

PVST

02/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)