

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-15-2001 90053 019 ***150.00

DOCUMENT # P00000110334

1. Entity Name

THE STRICT BROKERAGE CORPORATION



Principal Place of Business

3541 MARTIN LUTHER KING BLVD.
 RIVIERA BEACH FL 33404

Mailing Address

3541 MARTIN LUTHER KING BLVD.
 RIVIERA BEACH FL 33404

64002

2. Principal Place of Business

2000 AVENUE P
 Suite, Apt. #, etc.
 UNIT #5

3. Mailing Address

2000 AVENUE P
 Suite, Apt. #, etc.
 UNIT #5



DO NOT WRITE IN THIS SPACE

City & State

RIVIERA BEACH, FL 33404

City & State

RIVIERA BEACH, FL

4. FEI Number

LS-1076263

Applied For

Not Applicable

Zip

33404

Country

FLORIDA

Zip

33404

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RIDOLFO, PHILIP T JR
 777 S. FLAGLER DRIVE #300E
 WEST PALM BEACH FL 33401

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 of person in printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES H BEATTY	
STREET ADDRESS	24418 W 05 ST	
CITY-STATE-ZIP	SCOTTSDALE AZ 85254	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOSEPH J BEALA	
STREET ADDRESS	6701 MACLARDOS COWS #43A	
CITY-STATE-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 thereof; that I am 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 561-840-8084

Date Daytime Phone #

CR2E034 (10/00)