

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90046 016 ***155.00

0291318 AV

DOCUMENT # P01000053304

1. Entity Name
STRATUM, CORP.

Principal Place of Business
14180 SW 84 ST. BLDG G #506
MIAMI FL 33183

Mailing Address
14180 SW 84 ST. BLDG G #506
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15540 SW 80 ST

3. Mailing Address
15540 SW 80 ST

Suite, Apt. #, etc.
APT D - 108

Suite, Apt. #, etc.
APT D - 108

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number ☐ Applied For
☒ Not Applicable

Zip
33193-2631

Country
USA

Zip
33193-2631

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE, SUITE 637
MIAMI FL 33126

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SANTOLALLA, PETER**
 CITY-ST-ZIP **14180 SW 84 ST, BLDG G #506**
MIAMI FL 33183

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15540 SW 80 ST APT D-108**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SANTOLALLA, CARMEN**
 CITY-ST-ZIP **14180 SW 84 ST, BLDG G #506**
MIAMI FL 33183

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15540 SW 80 ST APT D-108**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SANTOLALLA, PETER** **4/15/2002 (305) 546-0220**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)