

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90259 028 ***150.00

DOCUMENT # P01000056582

1. Entity Name
STRICON CORP.

Principal Place of Business
3333 HALISSEE STREET
COCONUT GROVE FL 33133

Mailing Address
3333 HALISSEE STREET
COCONUT GROVE FL 33133

2. Principal Place of Business
6355 NW 36st

3. Mailing Address
6355 NW 36 St

Suite, Apt. #, etc.
#604

Suite, Apt. #, etc.
#604

City & State
Miami FL

City & State
Miami FL

Zip
33166

Country
US

Zip
33166

Country
US

4. FEI Number
65 111 9181

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CANAL, OMAR B
3333 HALISSEE STREET
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name
Omar Botero Canal

Street Address (P.O. Box Number is Not Acceptable)

6355 NW 36st #604

City
Miami FL

FL

Zip Code
33166

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)

4/30/02

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

TITLE
President
 NAME
OMAR B. Canal
 STREET ADDRESS
6355 NW 36st #604
 CITY-ST-ZIP
Miami FL 33166

☐ Delete

TITLE
VPST
 NAME
MAURICIO Botero-Paramo
 STREET ADDRESS
6355 NW 36 St. #604
 CITY-ST-ZIP
Miami FL 33166

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 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: **MAURICIO BOTERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305-871-8700

Date

Daytime Phone #

CR2E034 (9/01)