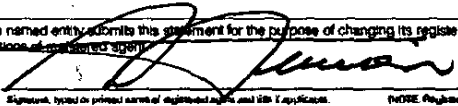
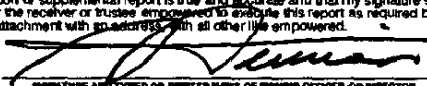


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 037 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000057875		
1. Entry Name STRATEGIC INTERNATIONAL SERVICES, INC.		
Principal Place of Business PO BOX 640798 MIAMI, FL 33164-0798		Mailing Address PO BOX 640798 MIAMI, FL 33164-0798
2. Principal Place of Business P.O. BOX 640798		3. Mailing Address 1440 CORAL RIDGE DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 349
City & State MIAMI, FL.		City & State CORAL SPRINGS, FL.
Zip 33164-0798		Zip 33071
Country USA		Country USA
4. FEI Number 85-1110302		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEVINSON, ROBERT A 951 NW 118 LN CORAL SPRINGS, FL 33071		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 admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE: 		DATE: 4/28/03
Signature based on printed name of registered agent and FEI (Applicable)		(If FEI Registered Agent Signature Required, attach separate statement)
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP LEVINSON, ROBERT A 951 NW 118 LN CORAL SPRINGS, FL 33071	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with my address with all other like empowered.		
SIGNATURE: 		DATE: 4/28/03 561-982-5338
Signature and typed or printed name of signing officer or director		Date

CR20034 (10/02)