

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000104582**

1. Entity Name

STRENGTH THROUGH DOMINATION, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2002 APR 19 PM 3:12

Principal Place of Business

9400 SW 77TH STREET
MIAMI FL 33173

Mailing Address

9400 SW 77TH STREET
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9702 SW 40th Street

3. Mailing Address

5830 SW 93rd CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

01-0575215

Applied For

Not Applicable

Zip

33165

Country

Zip

33173

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, ANTHONY PAUL
9400 SW 77TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **SURY NIEVES**

Street Address (P.O. Box Number is Not Acceptable)
5830 S.W. 93CT.

City **MIAMI**

FL

Zip Code **33173**

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

4/8/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEES 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** ☒ Delete
NAME **Anthony P. Elias**
STREET ADDRESS **9400 S.W. 77 Street**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SURY NIEVES**
STREET ADDRESS **5830 S.W. 93CT.**
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **DIRECTORS** ☐ Change ☒ Addition
NAME **ANGEL ARGUELLES**
STREET ADDRESS **4660 S.W. 134 AVE.**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **DIRECTORS** ☐ Change ☒ Addition
NAME **JOSE LIMA**
STREET ADDRESS **6830 S.W. 93CT.**
CITY-ST-ZIP **MIAMI, FL 33173**

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

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 another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sury Nieves 4/11/02 (786)3951298