

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90131 047 ***150.00

DOCUMENT # P94000047928

1. Entity Name
STRATEGIC TECHNOLOGIES, INC.

C0007954



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 730 NW 107 AVE 730 N.W. 107 AVENUE
 MIAMI FL 33172 MIAMI FL 33172-3104
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0523605 Not Applicable

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

6. Name and Address of Current Registered Agent
MCCAIN, DAVID B ESQ.
700 N.W. 107 AVE
MIAMI FL 33172

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 _____ (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, 2000 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 | CD | <input type="checkbox"/> Delete |
| NAME | PEKOR, ALLAN J. | |
| STREET ADDRESS | 730 N.W. 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | REED, LINDA | |
| STREET ADDRESS | 730 N.W. 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | KAMINSKY, NANCY | |
| STREET ADDRESS | 730 N.W. 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MODIST, DEBRA | |
| STREET ADDRESS | 700 N.W. 107TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | MUNOZ, JANICE | |
| STREET ADDRESS | 700 NW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RUBIN, ROBERT D. | |
| STREET ADDRESS | 700 N.W. 107TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33172 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Debra Modist Date: 1/14/00 Daytime Phone #: (305) 229-6503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

CR2E034 (9/99)