

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000047928**1. Entity Name  
**STRATEGIC TECHNOLOGIES, INC.****Principal Place of Business**

730 NW 107 AVE

MIAMI  
33172

FL

US

**Mailing Address**

730 N.W. 107 AVENUE

MIAMI  
33172

FL

**2. Principal Place of Business**

700 NW 107 AVE

**3. Mailing Address**

700 N.W. 107 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

Zip  
33172Country  
USZip  
33172

Country

**4. FEI Number****65-0523605**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MCCAIN DAVID BESQ.  
700 N.W. 107 AVEMIAMI  
33172

FL

US

**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 **DAVID B. MCCAIN****04/05/2001**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	RUBIN ROBERT D.	
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	VS	<input type="checkbox"/> Delete
NAME	MODIST DEBRA	
STREET ADDRESS	700 N.W. 107TH 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	DV	<input type="checkbox"/> Delete
NAME	REED LINDA	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PEKOR ALLAN J.	
STREET ADDRESS	730 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON CRAIG M		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALCOLM WAYNEWRIGHT		
STREET ADDRESS	700 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCAIN DAVID B		
STREET ADDRESS	700 N.W. 107TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESSETTE DIANE		
STREET ADDRESS	700 NW 107 AVENUE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSS BRUCE		
STREET ADDRESS	700 NW 107 AVENUE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER LEONARD		
STREET ADDRESS	700 NW 107 AVENUE		
CITY-ST-ZIP	MIAMI FL 33172		

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: David B. McCain**

S

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)