

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	Mailing Address 730 N.W. 107 AVENUE MIAMI 33172	FL
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2. Principal Place of Business 700 NW 107 AVE Suite, Apt. #, etc.	3. Mailing Address 700 N.W. 107 AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0523605	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33172	Country US	Zip 33172	Country 	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAIN DAVID BESQ.
 700 N.W. 107 AVE

 MIAMI FL
 33172 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** DATE **04/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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)