

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 024 ***150.00

DOCUMENT # **P95000022925**

1. Entity Name

SERVICE STRATEGIES INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

656677

2. Principal Place of Business

848 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

SUITE 1204

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Address

848 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

SUITE 1204

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

4. FEI Number

65-0599617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PAUL ROUNDY

Street Address (P.O. Box Number is Not Acceptable)

848 BRICKELL KEY DRIVE, SUITE 1204

City

MIAMI

FL

Zip Code

33131

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

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D / PRESIDENT**
NAME **PAUL ROUNDY**
STREET ADDRESS **848 BRICKELL KEY DR SUITE 1204**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **EVELYN B. ROUNDY**
STREET ADDRESS **848 BRICKELL KEY DR SUITE 1204**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL V. ROUNDY

Date

4/22/02

Daytime Phone #

305-374-5554

CR2E034B (12/01)