

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
 06-05-2000 90024 018 ***150.00

DOCUMENT # **P95000094115 (9)** ✓

1. Entity Name

STROM, INC.

Principal Place of Business

Mailing Address

6180 NW 173 ST #503 18520 NW 67 AVE
MIAMI FL 33015 #262
MIAMI FL 33015

2. Principal Place of Business

12771 SW 108 ST

3. Mailing Address

12771 SW 108 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI F3

City & State

MIAMI - FL

4. FEI Number

650648135

Applied For

Not Applicable

Zip

Country

33186

US

Zip

Country

33186

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEICHSELBAUMER, HUBERT
6180 NW 173 ST #503
MIAMI FL 33015

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **HUBERT WEICHSELBAUMER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME **HUBERT WEICHSELBAUMER**
 STREET ADDRESS **12771 SW 108 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 of the estate 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 a reference to the other file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUBERT WEICHSELBAUMER

Date

Daytime Phone #

(305) 752-5395

CR2E034 (9/99)