

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002819

1. Entity Name

STRATEGIC MARKETING ALLIANCE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90068 040 ***158.75

Principal Place of Business

Mailing Address

~~3430 GALT OCEAN DRIVE~~
~~SUITE 1111~~
~~FT. LAUDERDALE FL 33308~~

3430 GALT OCEAN DRIVE
 SUITE 1111
 FT. LAUDERDALE FL 33308-7047

2. Principal Place of Business

3100 N.E. 48th STREET

3. Mailing Address

3100 N.E. 48th STREET

Suite, Apt. #, etc.

SUITE 917

Suite, Apt. #, etc.

SUITE 917

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

65-0637586

Applied For

Not Applicable

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

RANDEE J. GOLDER, P.A.
 1300 PARK OF COMMERCE BLVD
 DELRAY PROFESSIONAL OFFICES STE 203
 DELRAY BEACH FL 33445

SAME PERSON -
 NEW ADDRESS!
 10026 LEXINGTON
 CIRCLE NORTH
 BOCA RATON, FL
 33436

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	D	<input type="checkbox"/> Delete
NAME	RUNCO, JAMIE G	
STREET ADDRESS	3430 GALT OCEAN DR STE 1111	ADDRESS CHANGE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNCO, RICHARD	
STREET ADDRESS	3430 GALT OCEAN DR STE 1111	ADDRESS CHANGE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3100 N.E. 48 th STREET	
CITY-ST-ZIP	SUITE 917 FT. LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIE B. RUNCO	
STREET ADDRESS	RICHARD RUNCO	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	BOTH STAY IN	
CITY-ST-ZIP	Address has changed	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-23-00 563-7674 (954)

CR2E034 (9/99)