

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91694 044 ***150.00

DOCUMENT # P96000025726

1. Entity Name
STRATEGIC ACCOUNTING TECHNOLOGIES, INC.

Principal Place of Business

2151 LE LEUNE ROAD
302
CORAL GABLES FL 33134
US

Mailing Address

2151 LE LEUNE ROAD
302
CORAL GABLES FL 33134
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0675218

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, LLOYD
2151 LE JEUNE ROAD #302
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **GEORGE DORIS**

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

2151 LE JEUNE ROAD

SUITE 302

City **CORAL GABLES**

FL

Zip Code **33134**

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, 2002 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	DORIS, GEORGE E.	
STREET ADDRESS	2151 LE JEUNE ROAD #302	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARMANDO, VIZCAINO	
STREET ADDRESS	2151-LE JEUNE RD.#302	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUIGAS, MANUEL E.	
STREET ADDRESS	2151 LEJEUNE RD. #302	
CITY - ST - ZIP	CORAL GABLES FL 33134	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 **GEORGE DORIS**

3/20/02

(305) 444-7094

Date

Daytime Phone #

CR2E034 (9/01)