

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031807

1. Entity Name

STRATA CORP.

Principal Place of Business

Mailing Address

983 N NOB HILL RD  
PLANTATION FL 33324

983 N NOB HILL RD  
PLANTATION FL 33324

2. Principal Place of Business

5193 S. UNIVERSITY DR.

3. Mailing Address

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

Zip

33328

Country

4. FEI Number

65-0745464

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

MARULANDA, CARLOS A  
983 N NOB HILL RD  
PLANTATION FL 33324

Name

MARULANDA, PABLO A

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

5193 S. UNIVERSITY DR.

City

DAVIE

FL

Zip Code

33328

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]*

Signature, typed or printed name of registered agent and then if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01  
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, 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	DO	<input checked="" type="checkbox"/> Delete
NAME	MARULANDA, CARLOS A	
STREET ADDRESS	983 N NOB HILL RD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DO	<input type="checkbox"/> Delete
NAME	MARULANDA, PABLO A	
STREET ADDRESS	983 N NOB HILL RD	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DO	<input type="checkbox"/> Delete
NAME	MARULANDA, CESAR A	
STREET ADDRESS	983 N NOB HILL RD	
CITY-ST-ZIP	PLANTATION FL 33324	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5193 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5193 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE, FL 33328	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90044 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0272840

CR2E034 (10/00)