

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90192 013 ***150.00

DOCUMENT # P97000051260

1. Entity Name
STRATEGIC ALLIANCE PARTNERS CORP.

Principal Place of Business

~~2999 N.E. 191 ST., SUITE 409~~
~~AVENTURA FL 33180~~

Mailing Address

~~2999 N.E. 191 ST., SUITE 409~~
~~AVENTURA FL 33180~~

2. Principal Place of Business

1250 E. Hallandale Beach Blvd

3. Mailing Address

1250 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite 707

Suite, Apt. #, etc.

Suite 707

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

Country

33009

USA

Zip

Country

33009

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0775249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GARY S ESQ.
4000 HOLLYWOOD BLVD
SUITE 265-SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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, 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 **PD** ☐ Delete
 NAME **BARRON, GARY**
 STREET ADDRESS **2999 N.E. 191 ST., SUITE 409**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President PD** ☒ Change ☐ Addition
 NAME **Barron, Gary**
 STREET ADDRESS **1250 E. Hallandale Beach Blvd, Suite 707**
 CITY-ST-ZIP **Hallandale Beach, FL 33009**

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

TITLE ☐ Change ☐ Addition
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 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

Gary A. Barron

4/25/02

954-334-3200

Day

Daytime Phone #

CR2E034 (9/01)