

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90063 022 ***150.00

DOCUMENT # P97000052995

1. Entity Name

STRATEGIC ACQUISITIONS CORP.

Principal Place of Business
208 SOVEREIGN COURT
ALTAMONTE SPRINGS FL 32701

Mailing Address
790 SUMMA AVENUE
WESTBURY NY 11590

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3457250**

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

~~REBACK, GERALD H~~
~~208 SOVEREIGN COURT~~
~~ALTAMONTE SPRINGS FL 32701~~

~~STEVE STONE~~
~~725 N. MAGNOLIA DRIVE~~
~~ORLANDO FL 32803~~

Name **Stephen M. Stone**

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

725 N. Magnolia Ave.

City **Orlando**

FL

Zip Code **32803**

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 see if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-01

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JAFFER, SADIQUE	
STREET ADDRESS	790 SUMMA AVE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	RAMETRA, SURINDRA	
STREET ADDRESS	790 SUMMA AVE	
CITY-ST-ZIP	WESTBURY NY 11590	
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	Sukaina Hajee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	233-36 139th Road	
STREET ADDRESS	Douglasdon, NY - 11365	
CITY-ST-ZIP		
TITLE	Bipin Parmar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	528 Bernard Street	
STREET ADDRESS	East Meadow, NY - 11550	
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: *X*

[Signature] **Sadique Jaffer, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10 2001

Date

516-997-7197

Daytime Phone #

CR2E034 (10/00)

[Signature] **- 5/7/2001**