

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90294 046 ***150.00

0618531
AT

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

☐ CHECK HERE IF MAKING CHANGES

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

**STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JAFFER, SADIQUE	
STREET ADDRESS	790 SUMMA AVE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMETRA, SURINDRA	
STREET ADDRESS	790 SUMMA AVE	
CITY-ST-ZIP	WESTBURY NY 11590	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAJEE, SUKAINA	
STREET ADDRESS	233-36 39TH ROAD	
CITY-ST-ZIP	DOUGLAOTON NY 11365	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARMAR, BIPIN	
STREET ADDRESS	528 BERNARD STREET	
CITY-ST-ZIP	EAST MEADOW NY 11554	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/03

516-997-7192

CR2E034 (10/02)