## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000073372 Mar 01, 2000 8:00 am 1. Entity Name Secretary of State STRATEGIC REAL ESTATE HOLDING CORPORATION 03-01-2000 90100 021 \*\*\*150.00 Principal Place of Business Mailing Address 1221 BRICKELL AVENUE 1221 BRICKELL AVENUE SUITE 2600 SUITE 2600 MIAMI FL 33131-3260 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0780155 Not Applicable Country 7in Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent---6. Name and Address of Current Registered Agent----Name BERGER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE **SUITE 2600 MIAMI FL 33131** 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE □ Delete TITLE BERGER, DAVID J NAME STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 2600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition ☐ Change ☐ Delete TITLE TITLE BURSTEIN, JACK D NAME NAME STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE SUITE 2600 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition VSTD Delete TITLE COOK, STEVEN R NAME STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE SUITE 2600 CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33131** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IGNATURE:

changed, or on an attachment with an address, with all other like empowered.

305-536-1414

Daytime Phone #