

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90024 011 ***150.00

DOCUMENT # P97000075604

1. Entity Name
STRATEGIC SOFTWARE SOLUTIONS CORP.

Principal Place of Business

7765 SW 87TH AVE
 SUITE 205
 MIAMI FL 33173
 US

Mailing Address

7765 SW 87TH AVE
 SUITE 205
 MIAMI FL 33173
 US

2. Principal Place of Business

8310 SW 147 CT

Suite, Apt. #, etc.

3. Mailing Address

8310 SW 147 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0780351

Applied For

Not Applicable

Zip

Country

33193

USA

Zip

Country

33193

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESPEJO, JUAN C
 8310 SW 147 CT
 SUITE 205
 MIAMI FL 33193

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 D ☐ Delete
NAME ESPEJO, CARLOS H
STREET ADDRESS 8310 S.W. 147TH COURT
CITY-ST-ZIP MIAMI FL 33193-1517

TITLE SV ☐ Delete
NAME ESPEJO, MYRIAM
STREET ADDRESS 8310 SW 147 CT
CITY-ST-ZIP MIAMI FL 33193

TITLE V ☐ Delete
NAME ESPEJO, JUAN C
STREET ADDRESS 8310 SW 147 CT
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4-1-02

305 595 9202

Date

Daytime Phone #

CR2E034 (9/01)