

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034895

1. Entity Name

STRATEGIC ACQUISITION VENTURES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90055 030 ***158.75

Principal Place of Business 4350 W. CYPRESS ST. SUITE 440 TAMPA FL 33607 US	Mailing Address 4350 W. CYPRESS ST SUITE 440 TAMPA FL 33607-4154 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 533 S. HOWARD AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB # 853	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
33606	USA	33606	USA

4. FEI Number 59-3510258	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEONARD, RIVERSON S 4350 W. CYPRESS ST. SUITE 440 TAMPA FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERN, ALEXANDER F 4350 W. CYPRESS ST., SUITE 440 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 1-4-00 813-414-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #