

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90069 029 \*\*\*150.00

**DOCUMENT # P98000052564**

1. Entity Name  
**B.F. STROMAN & ASSOCIATES, INC.**

Principal Place of Business 706 N.W. 1ST AVE. FT. LAUDERDALE FL 33311 US	Mailing Address 706 N.W. 1ST AVE. FT. LAUDERDALE FL 33311-8650 US
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2. Principal Place of Business <i>362 N.W. 27<sup>TH</sup> AVE</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>FT Land FL</i>	City & State	4. FEI Number <b>26-2547865</b>	Applied For Not Applicable
Zip <i>33311</i>	Country <i>Broward</i>	5. Certificate of Status Desired = <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RHODES, HOLLIS 706 N.W. 1ST AVE. FT. LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name: <i>BENJAMIN F. STROMAN</i> Street Address (P.O. Box Number is Not Acceptable): <i>362 N.W. 27<sup>TH</sup> AVE</i> City: <i>FT Land</i> FL Zip Code: <i>33311</i>
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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: *[Signature]* (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>STROMAN, BENJAMIN F</b> <b>706 NW FIRST AVENUE</b> <b>FORT LAUDERDALE FL 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i>
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
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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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

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 empowerments.

SIGNATURE: *[Signature]* **B. F. STROMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *4-25-00* (954) 791-0104  
 Daytime Phone #

C-12 E034 (9/99)