## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P98000065607 1. Entity Name THE STRANGE ZONE, INC. 04-30-2002 90155 002 \*\*\*158 Principal Place of Business Mailing Address 6320 BISCAYNE BLVD 6320 BISCAYNE BLVD 18 MIAM! FL 33138 **MIAMI FL 33138** US 2. Principal Place of Business 3. Mailing Address <u>1121 South Park Ro</u> Park RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **3**03 City & State City & State Applied For 65-0856891 FI HOllw Hollw Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name PELUTTIERO, STEPHAN Street Address (P.O. Box Number is Not Acceptable) 6320 BISCAYNE BLVD 18 **MIAMI FL 33138** 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** (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change PELUTTIERO, STEPHAN NAME NAME STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, #3037 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME PELUTTIERO STEPHAN NAME STREET ADDRESS STREET ADDRESS 1121 South Park RD # 303 CITY-ST-ZIP CITY-ST-ZIP Hollywoon, FC 33021 TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.