

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90705 048 ***150.00

DOCUMENT # P98000101750

1. Entity Name
S.R.T.R. COMMUNICATIONS, INC.



Principal Place of Business
**11260 NW 18ST
PLANTATION FL 33323**

Mailing Address
**11260 NW 18ST
PLANTATION FL 33323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0894518

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUKIN, ARIEL MARIO
1044 CORKWOOD STREET
HOLLYWOOD FL 33019**

Name
LUKIN, ARIEL MARIO

Street Address (P.O. Box Number is Not Acceptable)
11260 NW 18th STREET

City **PLANTATION** **FL** Zip Code **33323**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 8-2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LUKIN, ARIEL**
STREET ADDRESS **1044 CORKWOOD STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11260 NW 18th Street**
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **D** ☐ Delete
NAME **LUKIN, EZEQUIEL**
STREET ADDRESS **9536 N.W. 8TH CIRCLE 201**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **V** ☐ Delete
NAME **LUKIN, RITA WAGMANDE**
STREET ADDRESS **1044 CORKWOOD STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11260 NW 18th Street**
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8-2003 954-236-4590
Date Daytime Phone #

CR2E034 (10/02)