

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006563

1. Entity Name

STRATEGIC RETAIL REAL ESTATE SERVICES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90003 025 ***158.75

Principal Place of Business

Mailing Address

ATLANTIS ATRIUMS 2-A
ATLANTIS FL 33462

ATLANTIS ATRIUMS 2-A
ATLANTIS FL 33462

2. Principal Place of Business

3. Mailing Address

216 ORANGE TREE DR.
Suite, Apt. #, etc.

216 ORANGE TREE DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ATLANTIS FL

ATLANTIS FL

4. FEI Number

65-0890605

Applied For

Not Applicable

Zip

Country

Zip

Country

33462

USA

33462

USA

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINDADE, JAMES
ATLANTIS ATRIUMS 2-A
ATLANTIS FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

216 ORANGE TREE DR.

City

ATLANTIS

FL

Zip

33462

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)

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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.

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\$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	PSD TRINDADE, JAMES ATLANTIS ATRIUMS 2-A ATLANTIS FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRINDADE, JAMES 216 ORANGE TREE DR. ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

James Trindade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000 (561) 965-3344
Date Daytime Phone #

CR2E034 (9/99)