

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011619

1. Entity Name

STRATEGIC DEVELOPMENT GROUP, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 028 ***150.00

0178272

Principal Place of Business

5960 S.W. 57TH AVE.
MIAMI FL 33143

Mailing Address

5960 S.W. 57TH AVE.
MIAMI FL 33143

UG052222

2. Principal Place of Business

1500 SAN REMO AVE.

Suite, Apt. #, etc.

300

City & State

CORAL GABLES, FL.

Zip

33146

Country

USA

3. Mailing Address

1500 SAN REMO AVE.

Suite, Apt. #, etc.

300

City & State

CORAL GABLES, FL.

Zip

33146

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0903343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODON-ALVAREZ, MARY L
2222 PONCE DE LEON BLVD. PH-SUITE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE **P** ☐ Delete
NAME **AVINO, JOAQUIN**
STREET ADDRESS **2222 PONCE DE LEON BLVD.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VP** ☐ Delete
NAME **ALVAREZ, JULIO**
STREET ADDRESS **2222 PONCE DE LEON BLVD.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **SECRETARY** ☐ Delete
NAME **DAVID A. WOLFBERG**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 SAN REMO AVE., SUITE 300**
CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1500 SAN REMO AVE., SUITE 300**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (305) 666-5474

Date

Daytime Phone #

CR2E034 (10/00)