

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 011 ***150.00

DOCUMENT # **P 99 0000 20941**

1. Entity Name
Strategic Worldwide Consulting INC.
13800 S.W. 8 St #108
Miami, FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13800 SW 8 STREET

3. Mailing Address
13800 SW 8 STREET

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0909717

Applied For
Not Applicable

Zip
33184

Country
Miami - Oade

Zip
33184

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SUZETTE MORALES

Street Address (P.O. Box Number is Not Acceptable)
12950 SW 3 STREET

City
MIAMI

FL

Zip Code
33184

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. PRESIDENT OFFICERS AND DIRECTORS

TITLE
SUZETTE
NAME
MORALES
STREET ADDRESS
12950 SW 3 STREET
CITY-ST-ZIP
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE PRESIDENT
NAME
JUAN C. MORALES
STREET ADDRESS
12950 SW 3 STREET
CITY-ST-ZIP
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
TRST SURPL
NAME
JUAN C. MORALES JR
STREET ADDRESS
12950 SW 3 STREET
CITY-ST-ZIP
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
SECRETARY
NAME
ROGER MORALES
STREET ADDRESS
12950 SW 3 STREET
CITY-ST-ZIP
MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2003

(305) 221-2408

Date

Daytime Phone #

CR2E034B (12/02)