

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90350 029 \*\*\*150.00

**DOCUMENT # P99000023441**

1. Entity Name  
**STRADOG CORPORATION**

Principal Place of Business

**27 SEVILLE AVE.  
CORAL GABLES FL 33134**

Mailing Address

**416 ROSARO AVE  
MIAMI FL 33146**

2. Principal Place of Business

**416 ROSARO AVE.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CORAL GABLES, FL**

City & State

Zip

**33146**

Country

**USA.**

Country

4. FEI Number

**65-0903602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK  
110 MERRICK WAY, SUITE 3B  
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. 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

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 \$550.00 1500**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
NAME **KIRCHNER, KURT**  
STREET ADDRESS **416 ROSARO AVE.**  
CITY-ST-ZIP **MIAMI FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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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  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/11/02**

**305 740-0888**

CR2E034 (4/02)

strādog

Attachment

# PPA 00002344  
120471

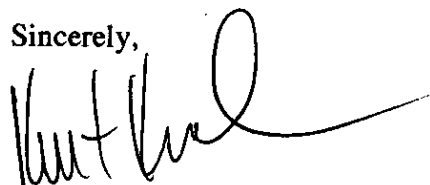
July 11, 2002

Dear Sir/Madam:

Enclosed is my Uniform Business Report and a check to cover the Filing Fee. I phoned your office to find out why the fee had jumped from \$150.00 to \$550.00, and it was explained to me that I needed to attach a letter specifying that the enclosed notice is the FIRST notice I have received this year. I would certainly have paid the appropriate amount due had I known, rather than be assessed a large penalty fee.

Thank you for your understanding and patience in this matter.

Sincerely,



Kurt Kirchner  
President