

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062820

1. Entity Name

STROBE COMMUNICATIONS, INC.

Principal Place of Business

6001 SW 63RD AVE
MIAMI FL 33143

Mailing Address

6001 SW 63RD AVE
MIAMI FL 33143-2139

2. Principal Place of Business

3. Mailing Address

— Suite, Apt. #, etc. —

— Suite, Apt. #, etc. —

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0983328

Applied For

Not Applicable

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

HAWKINS, MARK E
6001 SW 63RD AVE
MIAMI FL 33143

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, 2000. Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

May Be

Trust Fund Contribution:

☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAWKINS, MARK E
6001 SW 63RD AVE
MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Fegert, TOM
10301 NW 50ST, APT# 103
MIAMI FL 33178

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000 (305) 667-5101

Date

Daytime Phone

CR2E034 (9/99)