2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90432 035 ***150.00

DOCUMENT # P9000071038

Entity Name: Corporate Strategies, Inc.

[illegible] Place of Business	Mailing Address
BRICKELL KEY DRIVE #802 FL 33131	601 BRICKELL KEY DRIVE #802 MIAMI FL 33131-2649

C010[illegible]432

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
c/o 601 Brickell Key Drive	c/o 601 Brickell Key Drive
Suite, Apt. #, etc.: 802	Suite, Apt. #, etc.: 802
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 / Country: USA	Zip: 33131 / Country: USA

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Thomas J. Hess
501 Brickell Key Drive #407
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive, Suite 802
City: Miami FL Zip Code: 33131

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 1 MAY 2000

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 [illegible]

10. Election Campaign Financing Trust Fund Contribution. [ ] — $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS | **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. Officers and Directors		12.		Change	Addition
	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William R. Dunavant 601 Brickell Key Drive, #802 Miami, FL 33131	[ ]	[X]
	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ]	[ ]
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CR2E034 (9/99)

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: William R. Dunavant — c/o 305-371-8064