

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9000071038
Entity Name Corporate Strategies, Inc.

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

Principal Place of Business
BRICKELL KEY DRIVE #802
FL 33131

Mailing Address
601 BRICKELL KEY DRIVE #802
MIAMI FL 33131-2649

C0100132

Principal Place of Business
c/o 601 Brickell Key Drive
Suite, Apt. #, etc. 802
City & State
Miami, FL

3. Mailing Address
c/o 601 Brickell Key Drive
Suite, Apt. #, etc. 802
City & State
Miami, FL

Zip
33131

Country
USA

4. FEI Number ☒ 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

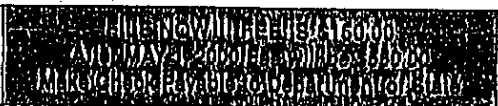
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive, Suite 802
City Miami FL Zip Code 33131

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 MAY 2000

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐



10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Change ☒ Addition	
TITLE NAME	William R. Dunavant
STREET ADDRESS	601 Brickell Key Drive, #802
CITY-ST-ZIP	Miami, FL 33131
☐ Change ☐ Addition	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

601 305-331-8064

CR2E034 (9/99)