

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 27, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000071072****1. Entity Name**

STRATEGIC INTERNET TECHNOLOGIES, INC.

**Principal Place of Business**

650 S. SHORE DR.

MIAMI  
33141

FL

**Mailing Address**

650 S. SHORE DR.

MIAMI  
33141

FL

**2. Principal Place of Business**

650 S. SHORE DR.

**3. Mailing Address**

650 S. SHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI BEACH

FL

**City & State**

MIAMI BEACH

FL

**4. FEI Number**

65-0978388

Applied For

Not Applicable

Zip  
33141

Country

Zip  
33141

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**HO YING  
650 S. SHORE DR.MIAMI  
33141

FL

**7. Name and Address of New Registered Agent****Name**

HO YING

Street Address (P.O. Box Number is Not Acceptable)

650 S. SHORE DR.

City  
MIAMI BEACH

FL

Zip Code  
33141**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 **YING HO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**08/27/2000**

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  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete  
NAME YUAN MICHAEL H  
STREET ADDRESS 6529 GREENE RD.  
CITY-ST-ZIP WOODRIDGE IL 60517TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Michael H. Yuan

D

08/27/2000