

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094055

1. Entity Name  
**STRAND CAPITAL, INC.**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90026 011 \*\*\*150.00

Principal Place of Business  
**13257 TANGERINE BLVD.  
WEST PALM BEACH FL 33412**

Mailing Address  
**13257 TANGERINE BLVD.  
WEST PALM BEACH FL 33412**

2. Principal Place of Business  
**357 N. LAKE WAY**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**PALM BEACH, FL 334**

City & State

4. FEI Number **65-0959343**

Applied For  
Not Applicable

Zip  
**33480**

Country  
**PALM BCH**

Zip Country

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

**WALDIN, ERIK T  
5200 N OCEAN DR  
SINGER ISLAND FL 33404**

Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
**357 N. LAKE WAY**

City **PALM BEACH** **FL** Zip Code **33480**

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 *Erik Waldin*  
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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **DEITZ, WILLIAM A**  
CITY-ST-ZIP **181 LAUREL LEAF LANE**  
**TEQUESTA FL 33469**

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

TITLE ☐ Delete  
NAME **PSID**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PSID**  
STREET ADDRESS **ERIK WALDIN**  
CITY-ST-ZIP **357 NORTH LAKE WAY**  
**PALM BEACH, FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: *Erik Waldin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

65-0959343

Date

Daytime Phone #

CR2E034 (10/00)