

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000097123**

1. Entity Name

**STRACOM MARKETING, INC.****FILED****Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90039 003 \*\*\*158.75

Principal Place of Business

9411 SW 4TH ST., #114  
MIAMI FL 33174

Mailing Address

9411 SW 4TH ST., #114  
MIAMI FL 33174-2019

2. Principal Place of Business

5209 NW 74 AVE

3. Mailing Address

5209 NW 74 AVE

Suite, Apt. #, etc.

SUITE # 221

Suite, Apt. #, etc.

# 221

City &amp; State

MIAMI, FLORIDA

City &amp; State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0978310

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OVIEDO, HECTOR R

9411 SW 4TH ST., #114  
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

HECTOR R. OVIEDO

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

9531 Fontainebleau Blvd # 517

City

MIAMI

FL

Zip Code

33172

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  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANOY, LUIS HERNANDO R 9411 SW 4TH ST., #114 MIAMI FL 33174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS HERNANDO ROJAS V. 5209 NW 74 AVE # 221 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H HECTOR R. OVIEDO 5209 NW 74 AVE # 221 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

President Luis Hernandez

Date

April 20/00

Daytime Phone #

305-640-1210

CR2E034 (9/99)