

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000103863*

1. Entity Name

Strategic Developers, Inc.

Principal Place of Business

104 Crandon Blvd.

Suite # 324

Key Biscayne, FL 33149

Mailing Address

104 Crandon Blvd

Suite # 324

Key Biscayne, FL 33149.

2. Principal Place of Business

104 Crandon Blvd.

Suite, Apt. #, etc.

Suite # 324.

City & State

Key Biscayne - FL

Zip

33149

Country

U.S.A.

3. Mailing Address

104 Crandon Blvd.

Suite, Apt. #, etc.

Suite # 324.

City & State

Key Biscayne - FL

Zip

33149

Country

U.S.A.

4. FEI Number

65-0964443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Keith Saks

1450 Madrug Ave

Suite # 308.

Coral Gables, FL 33146.

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE ☐ Delete

NAME *PRESIDENT*

STREET ADDRESS *GUSTAVO ECHEVERRIA*

CITY-ST-ZIP *104 CRANDON BLVD. SUITE # 324*

KEY BISCAIYNE, FL 33149

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 036 ***150.00

658315

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)