

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04205

1. Entity Name
STRATEGIC PARTNERS CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90905 014 ***150.00

Principal Place of Business
881 OCEAN DR
8G
KEY BISCAVNE FL 33149
US

Mailing Address
881 OCEAN DR
8G
KEY BISCAVNE FL 33149-2601
US

2. Principal Place of Business
Home
Suite, Apt. #, etc. **8-G**
City & State **Key Biscayne FL**
Zip **33149** Country **USA**

3. Mailing Address
881 Ocean Dr.
Suite, Apt. #, etc. **8-G**
City & State **Key Biscayne FL**
Zip **33149** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0301661**
Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
GUTIERREZ, RENALDY
601 BRICKELL KEY DRIVE
SUITE 501
MIAMI FL 33131-2651

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 **Renaldy J. Gutierrez** DATE **May April 30th 00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	PD	<input type="checkbox"/> Delete
NAME	THOMSON, JOHN R	
STREET ADDRESS	104 CRANDON BLVD 311A	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMSON, MARIA I.	
STREET ADDRESS	104 CRANDON BLVD 311A	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUTIERREZ, RENALDY J.	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 501	
CITY-ST-ZIP	MIAMI FL 33131-2651	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Renaldy J. Gutierrez** **1/20 -00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)