

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90143 017 ***150.00

DOCUMENT # F96000005342

1. Entity Name
STEINBERG GLOBAL ASSET MANAGEMENT, LTD., CORP.

Principal Place of Business 2000 GLADES RD #204 BOCA RATON FL 33431	Mailing Address 2000 GLADES RD #204 BOCA RATON FL 33431-8504
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2. Principal Place of Business 1951 NW 19th Street Suite, Apt. #, etc. SUITE 100	3. Mailing Address 1951 NW 19th Street Suite, Apt. #, etc. SUITE 100
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City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 04-3173192	Applied For Not Applicable
Zip 33431	Country USA	Zip 33431	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEINBERG, RICHARD D 2000 GLADES RD #204 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name: Richard D. Steinberg Street Address (P.O. Box Number is Not Acceptable): 1951 NW 19th Street SUITE 100 City: BOCA RATON FL Zip Code: 33431
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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: Richard D. Steinberg DATE: 4/28/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS STEINBERG, RICHARD D 12199 ROCKLEDGE CIRCLE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINBERG, RICHARD D 12199 ROCKLEDGE CIRCLE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, NORMAN 917 SALEM END RD FRAMINGHAM MA 01702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOTT, JOHN W 120 CTR ST DOVER MA 02030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, NORMAN D 2000 GLADES RD. SUITE 204 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABIGIAN NABIGIAN, HAROLD 23 HIGHLAND ST. CAMBRIDGE MA 02138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		David K. Edwards 244 Bunker Ranch Road West Palm Beach FL 33405	

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: Richard D. Steinberg DATE: 4/28/00 DAYTIME PHONE #: 561-750-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)