

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90353 037 ***150.00

0631766 FP

DOCUMENT # M98524

1. Entity Name
STEF USA, INC.

Principal Place of Business
**386 SHEFFIELD CIRCLE
 PALM HARBOR FL 34683**

Mailing Address
**386 SHEFFIELD CIRCLE
 PALM HARBOR FL 34683**

2. Principal Place of Business
655 S. GULFVIEW BLVD
 Suite, Apt. #, etc.

3. Mailing Address
655 S. GULFVIEW BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER BEACH, FL
 Zip **33767** Country **USA**

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 Zip **33767** Country **USA**

4. FEI Number **59-2908102**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GINEZ, STEPHAN
 386 SHEFFIELD CIRC.
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **GINEZ STEPHAN**
 Street Address (P.O. Box Number is Not Acceptable) **345 BAYSHORE BLVD**
GP13
 City **TAMPA** FL Zip Code **33767**

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 DATE **11/18/02**

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, 2002 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 **DP** Delete
 NAME **GINEZ, STEPHANE**
 STREET ADDRESS **386 SHEFFIELD CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DP** Change Addition
 NAME **GINEZ STEPHAN**
 STREET ADDRESS **345 BAYSHORE BLVD, GP13**
 CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **DST** Delete
 NAME **GINEZ, DANIELLE**
 STREET ADDRESS **386 SHEFFIELD CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DST** Change Addition
 NAME **CHARPIE CAROLINE**
 STREET ADDRESS **1721 Sunset Dr**
 CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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 life empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **11/18/02** DAYTIME PHONE # **727451124**

CR2E034 (9/01)