

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90009 043 ****61.25

DOCUMENT # N 00000004516

1. Entity Name

Step Miami Branch, Inc.

Principal Place of Business
 777 Brickell Avenue
 Suite 500
 Miami, FL 33131

Mailing Address
 777 Brickell Avenue
 Suite 500
 Miami, FL 33131

A0079508

2. Principal Place of Business
 1001 Brickell Bay Drive

3. Mailing Address
 1001 Brickell Bay Drive

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
 Suite 2908

Suite, Apt. #, etc.
 Suite 2908

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number Applied For
 Not Applicable

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

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

6. Name and Address of Current Registered Agent
 Steven L. Cantor
 777 Brickell Avenue, Suite 500
 Miami, FL 33131

7. Name and Address of New Registered Agent
 Name SLC Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1001 Brickell Bay Drive
 Suite 2908
 City Miami FL Zip Code 33131

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  Secretary *Secretary* 7/14/01
Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Steven L. Cantor		NAME		
STREET ADDRESS	1001 Brickell Bay Drive, #2908		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP		
TITLE	S/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Simon Beck		NAME		
STREET ADDRESS	1001 Brickell Bay Drive, #2908		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP		
TITLE	T/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James Spencer		NAME		
STREET ADDRESS	1001 Brickell Bay Drive, #2908		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  President *President* 7/16/01 (305) 374-3886
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)