

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004516

1. Entity Name

STEP MIAMI BRANCH, INC.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI FL 33131

1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3606164 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SLC CORPORATE SERVICES, INC.
1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI FL 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

Signature, typed or 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 PD
NAME CANTOUR, STEVEN L
STREET ADDRESS 1001 BRICKELL BAY DRIVE, #2908
CITY-ST-ZIP MIAMI FL 33131 Delete

TITLE PD
NAME Cantor, Steven L
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE TD
NAME SPENCER, JAMES
STREET ADDRESS 1001 BRICKELL BAY DRIVE, #2908
CITY-ST-ZIP MIAMI FL 33131 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE SD
NAME BECK, SIMON
STREET ADDRESS 1001 BRICKELL BAY DRIVE, #2908
CITY-ST-ZIP MIAMI FL 33131 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

305 374 3000

Date

Daytime Phone

FILED
02 MAR -4 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/11/02 90066 012 \$61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

BB