2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

## FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # N9900002809 05-15-2001 90113 034 \*\*\*\*61.25 STEPS TOWARD SUCCESS, INC. Principal Place of Business Mailing Address 123 NW 1ST AVENUE. FIRST FLOOR 123 NW 1ST AVENUE, FIRST FLOOR MIAMI FL 33128 MIAMI FL 33128 2. Principal Place of Business 3. Mailing Address 28 W. Flagler Street 28 W. Flagler Street Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State . 4. FEI Number 65-0955245 mianc Not Applicable miami 3313b Zip 33130 Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Russell Jacobs Street Address (P.O. Box Number is Not Acceptable) JACOBS, RUSSELL ESQ LEGAL AID OF DADE COUNTY 28 W. Flagler Street Ste B10 123 NW 1ST AVENUE, FIRST FLOOR MIAMI FL 33128 miami 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 Exec. Dieuto SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE Delete TITLE NAME JACOBS, RUSSELL NAME STREET ADDRESS 123 NW 1ST AVENUE, FIRST FLOOR STREET ADDRESS 3R2E037 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 ☐ Change Addition TITLE Delete TITLE NAME NAME LUCKMAN, SETH STREET ADDRESS STREET ADDRESS 1483 GARDEN ROAD CITY-ST-7IP CITY-ST-ZIP WESTON FL 33326 ☐ Addition TITLE TITLE ☐ Delete NAME NAME GERSTEIN, TERRI STREET ADDRESS 214 WEST 102ND STREET APT. 4C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10025 Change ☐ Addition TITLE Delete TITLE Daniella Levine NAME NAME ROBBINE 17 TEC. Ste 200 STREET ADDRESS STREET ADDRESS miami F4 33132 CITY-ST-ZIP CITY-ST-7IP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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