

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90542 036 \*\*\*150.00

**DOCUMENT # P99000005173**

1. Entity Name  
**STESCH INVESTMENTS, INC.**

Principal Place of Business <b>20646 N.E. 25 COURT          MIAMI FL 33180</b>	Mailing Address <b>20646 N.E. 25 COURT          MIAMI FL 33180</b>
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2. Principal Place of Business <b>19500 TURNBERRY WAY</b>	3. Mailing Address <b>6476 HERITAGE</b>
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Suite, Apt. #, etc. <b>APT. 7F</b>	Suite, Apt. #, etc.
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City & State <b>AVENTURA, FL</b>	City & State <b>WEST BLOOMFIELD, MI</b>
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Zip <b>33180</b>	Country <b>U.S.A.</b>	Zip <b>48322</b>	Country <b>U.S.A.</b>
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4. FEI Number <b>65-0891225</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**STEIN, JUAN  
 20646 N.E. 25 COURT  
 MIAMI FL 33180**

**7. Name and Address of New Registered Agent**

Name <b>STEIN, JUAN</b>
Street Address (P.O. Box Number is Not Acceptable) <b>19500 TURNBERRY WAY          APT-7F</b>
City <b>AVENTURA FL</b> Zip Code <b>33180</b>

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 *Juan Stein* - **JUAN STEIN** DATE **4/8/01**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEIN, JUAN 20646 NE 25 COURT MIAMI FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEIN, EILEEN S 20646 NE 25 COURT MIAMI FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEIN, JUAN 19500 TURNBERRY WAY, APT 7F AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEIN, EILEEN S 19500 TURNBERRY WAY, APT 7F AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Juan Stein* **JUAN STEIN**

Date **4/9/01** Daytime Phone # **(305)496-9023**

201/UBR

CR2E034 (10/00)