

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 017 ***150.00

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DOCUMENT # P99000005173

1. Entity Name
STESCH INVESTMENTS, INC.



Principal Place of Business
**19500 TURNBERRY WAY
APT 7F
AVENTURA FL 33180**

Mailing Address
**34078 GLOUSTER CIRCLE
FARMINGTON HILLS MI 48331**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0891225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, JUAN
19500 TURNBERRY WAY
AP 7F
AVENTURA FL 33180**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 607, 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: Signature of Juan Stein **STEIN - PRESIDENT** **03/06/03** **(305) 496-9023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)