

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058663

1. Entity Name

STEINER U.S. HOLDINGS, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 047 ***550.00

Principal Place of Business

1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

Mailing Address

1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

2. Principal Place of Business

770 S. Dixie Highway

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

770 S. Dixie Highway

Suite, Apt. #, etc.

Suite 200

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0937645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, GLADYS
 1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

(same)

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

770 S. Dixie Highway

Suite 200

City

Coral Gables

FL

Zip Code

33146

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

Gladys Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-4-00

DATE

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

☐ Delete

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-00 (305) 358-9002

Date

Daytime Phone #

CR2E034 (5/00)