2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33243

11392-SW 86 LANE

DOCUMENT #

509520

1. Entity Name

SAMUEL STEEN, P.A.

Principal Place of Business

11392 SW 86 LANE

MIAMI FL 33173 4

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	Place of Busine	3. Mail	3. Mailing Address				- I LOURIUS OLIKLI BOLLO SALKO SAKKO HYDIS ODIN DIGHT DIGHT GREKH GARIH GIBHH BIBHH HUDI					
Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City	City & State			4.	FEI Number 59-1671139			oplied For of Applicable	
Zip		Country	Zip	Zip		Country 5.		Certificate of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
and the second s						Name						
STEEN, SAMUEL						Street Address (P.O. Box Number is Not Acceptable)						
11392 SW	/ 86TH LANE				Sileet Address (F.O. Box Number is Not Acceptable).							
MIAMI FL		<i>3</i>										
			City				Zip Code					
						_						
the obligation	e named entity of tions of register	submits this statemer red agent.	nt for the purp	ose of changing its	register	ed office or	registered aç	gent, or both, in the State of Flori	da. I am f	amiliar with,	and accept	
SIGNÄTURE	Signature, typed or	printed name of registered a	cent and title if appl	irable (NOTE	Registere	d Agent signatur	re required when i	rainetating)	DATE			
	··		gorn and the mapp	The state of the s	- regimer	- Agent signatur	o required where	Torrace 19/	DATE			
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Fina	ncing	\$5.0	O May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribution.			to Fees	
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10.	l non	OFFICERS A	ND DIRECTO		11.		Al	DDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE NAME	PSD Steen, San	AI IEI		Delete	TITL					Change	☐ Addition	
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STREET ADDRESS						ET ADDRESS					Ì	

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 receive of rusts of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

of the corporation or the receiver changed, or on an attachment w

FILED

04-07-2003 90733 045 ***150.00

Apr 07, 2003 8:00 am Secretary of State