

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 566228

1. Entity Name

STEDEB PROPERTIES, INC.

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90001 044 ***150.00

Principal Place of Business

360 A BLOOR ST. W.
#68573
TORONTO ON M51X0
US

Mailing Address

45-A STRATFORD WEST
BOYNTON BEACH FL 33436-6310

2. Principal Place of Business

10691 KENDALL DR

3. Mailing Address

360 A BLOOR ST W.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

#68573

City & State

MIAMI FL

City & State

TORONTO, ON

Zip

33176

Country

U.S.

Zip

M5S 1X1

Country

CANADA

4. FEI Number

98-0041877

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLATNICK, STEVE
10691 KENDALL DRIVE
SUITE 101
MIAMI FL 33176

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FISHER, STEPHEN C/O 3601 BLOOR ST W #68573 TORONTO, ONTARIO CN M5S1P3	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, DEBRA 3450 DRUMMOND #1817 MONTREAL, QUEBEC	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Correction do 360A BLOOR ST W #68573 TORONTO, ONTARIO M5S1X1 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

STEPHEN FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 27 2000 4165317600

CH2E034 (9/99)