

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# F02770

1. Entity Name
C. STEIGER IMPORTERS, INC.

Principal Place of Business

169 EAST FLAGLER ST
#824
MIAMI FL 33131
US

Mailing Address

169 E. FLAGLER ST
#824
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIGER, CHAIM
20100 N.E. 22ND AVENUE
N MIAMI BCH FL 33179

Name

CHAIM STEIGER

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

City

1055 OYSTER WOOD ST. Hollywood FL

FL

Zip Code

33019

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-3-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME STEIGER, CHAIM
STREET ADDRESS 20100 N.E. 22 AVE. 169 E. FLAGLER ST.
CITY-ST-ZIP N MIAMI BCH, FL 00000

☐ Delete

TITLE V
NAME STEIGER, GILDA
STREET ADDRESS 20100 N.E. 22 AVE.
CITY-ST-ZIP N MIAMI BEACH FL

☒ Delete

TITLE T
NAME STEIGER, RON
STREET ADDRESS 20100 N.E. 22 AVE.
CITY-ST-ZIP N MIAMI BEACH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

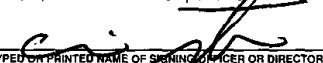
TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/26/01 305-324-0377
Daytime Phone #

FILED

01 DEC -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0152051

CR2E034 (10/00)