

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003156

1. Entity Name

STEINER MANAGEMENT, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90219 043 ***158.75

Principal Place of Business

3250 MARY ST
SUITE 404
MIAMI FL 33133
US

Mailing Address

3250 MARY ST
SUITE 404
MIAMI FL 33133
US

2. Principal Place of Business

4016 Townsfair Way
Suite, Apt. #, etc.
Suite 201

3. Mailing Address

4016 Townsfair Way
Suite, Apt. #, etc.
Suite 201

City & State

Columbus OH

City & State

Columbus OH

Zip

43219

Country

USA

Zip

43219

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2596286

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOCKERTY, SUZANNE
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \$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 CPT
NAME STEINER, YAROMIR
STREET ADDRESS 3250 MARY ST #404
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE VS
NAME CURRY, PATRICIA A
STREET ADDRESS 3250 MARY ST #404
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE AS
NAME MACCULLOUGH, KARA
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131 ☐ 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

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
F95000003156
A0073877



STEINER

+ A S S O C I A T E S

August 15, 2000

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To whom it May Concern;

Enclosed is Steiner Management, Inc.'s Uniform Business Report. We are including a check for the amount due, if the payment was made by the original deadline. We never received the original forms due to our move from Miami, Florida to Columbus, Ohio. Somehow, these second request forms were forwarded to us by the new occupant of our old space.

Please let me know if you have any concerns or questions related to the application or payment.

Sincerely,

Laura Cooper
Controller