

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90327 033 ***150.00

DOCUMENT # F95000006228

1. Entity Name
STEPHANIE HOLDINGS, INC.

Principal Place of Business NORTH ANDREWS AVENUE 401 LAUDERDALE FL 33309	Mailing Address 6700 NORTH ANDREWS AVENUE STE 401 FORT LAUDERDALE FL 33309-2165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2600 N. Military Trail Suite, Apt. #, etc Ste 206 City & State Boca Raton FL Zip 33431 Country Palm Beach	3. Mailing Address 2600 N. Military Trail Suite, Apt. #, etc Ste 206 City & State Boca Raton FL Zip 33431 Country Palm Beach
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4. FEI Number 65-0386243	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOEWENSTERN, ELLIOT
6700 N ANDREWS AVE
STE 401
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number's Not Acceptable) 2600 N. Military Trail
City Boca Raton
State FL
Zip 33431

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]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

i. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PC	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS 6700 N ANDREWS AVE STE 401		STREET ADDRESS 2600 N. Military Trail, Ste 206	
ST-ZIP FT LAUDERDALE FL		CITY-ST-ZIP Boca Raton FL 33431	
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS 6700 N ANDREWS AVE STE 401		STREET ADDRESS 2600 N. Military Trail Ste 206	
ST-ZIP FT LAUDERDALE FL		CITY-ST-ZIP Boca Raton FL 33431	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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]* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR