

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90053 001 ***450.00

DOCUMENT # F9500006228

1. Entity Name
Stephanie Holdings, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3350 NW Boca Raton Blvd

3. Mailing Address
3350 NW Boca Raton Blvd

Suite, Apt. #, etc.
Ste A-26

Suite, Apt. #, etc.
Ste A-26

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton, FL

4. FEI Number
65-0386243

Applied For
Not Applicable

Zip
33431
~~33385~~

Country
USA

Zip
33431
~~33385~~

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Elliot Loewenstern*
Street Address (P.O. Box Number is Not Acceptable)
3350 NW Boca Raton Blvd
A-26
Boca Raton **FL** Zip Code *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, 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *P, V, S, T*
NAME *Elliot Loewenstern*
STREET ADDRESS *3350 NW Boca Raton Blvd A-26*
CITY-ST-ZIP *Boca Raton, FL 33431*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 *561-750-5150*

Date

Daytime Phone #

CR2E034B (12/01)