

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000005342**1. Entity Name
STEINBERG GLOBAL ASSET MANAGEMENT, LTD., CORP.

Principal Place of Business

1951 NW 19TH ST
STE 100
BOCA RATON FL
33431

Mailing Address

1951 NW 19TH ST
STE 100
BOCA RATON FL
33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3173192

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEINBERG RICHARD D
1951 NW 19TH ST
STE 100
BOCA RATON FL
33431 US

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NANIGIAN HAROLD	
STREET ADDRESS	23 HIGHLAND ST.	
CITY-ST-ZIP	CAMBRIDGE MA 02138	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINE NORMAN D	
STREET ADDRESS	2000 GLADES RD. SUITE 204	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTT JOHN W	
STREET ADDRESS	120 CTR ST	
CITY-ST-ZIP	DOVER MA 02030	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG NORMAN	
STREET ADDRESS	917 SALEM END RD	
CITY-ST-ZIP	FRAMINGHAM MA 01702	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEINBERG RICHARD D	
STREET ADDRESS	12199 ROCKLEDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DCPS	<input type="checkbox"/> Delete
NAME	STEINBERG RICHARD D	
STREET ADDRESS	12199 ROCKLEDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAHIGIAN HAROLD	
STREET ADDRESS	23 HIGHLAND ST.	
CITY-ST-ZIP	CAMBRIDGE MA 02138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG NORMAN	
STREET ADDRESS	68 WILD GOOSE WAY	
CITY-ST-ZIP	CENTERVILLE MA 02632	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: RICHARD D STEINBERG

DCPS

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

DAVID K. EDWARDS, DIRECTOR
244 BUNKER RANCH ROAD
WEST PALM BEACH, FL 33405