

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40343

1. Entity Name  
FULL STEAM, INC.

FILED  
Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90006 009 \*\*\*150.00

Principal Place of Business  
20191 E COUNTRY CLUB DR., PENTHOUSE 7  
NORTH MIAMI BEACH FL 33180

Mailing Address  
20191 E COUNTRY CLUB DR., PENTHOUSE 7  
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business  
7000 ISLAND BLVD

3. Mailing Address  
7000 ISLAND BLVD

Suite, Apt. #, etc.  
APT 402

City & State  
AVENTURA FL

4. FEI Number 65-0119155

Applied For  
Not Applicable

Zip 33160 Country USA

Zip 33160 Country USA

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

6. Name and Address of Current Registered Agent

ALLEN, STUART  
20191 E COUNTRY CLUB DR  
PH 7  
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name ALLEN, STUART  
Street Address (P.O. Box Number is Not Acceptable)  
7000 ISLAND BLVD  
APT 402  
City AVENTURA FL Zip Code 33160

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 *Stuart N. Allen* 2-12-01  
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 \$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

TITLE D  
NAME ALLEN, STUART  
STREET ADDRESS 20191 E COUNTRY CLUB DR  
CITY-ST-ZIP NORTH MIAMI BCH FL ☐ Delete

TITLE D  
NAME ALLEN, VIVIAN  
STREET ADDRESS 20191 E COUNTRY CLUB DR  
CITY-ST-ZIP NORTH MIAMI BCH 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   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ALLEN, STUART ☐ Change ☐ Addition  
NAME ALLEN, STUART  
STREET ADDRESS 7000 ISLAND BLVD APT. 402  
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ Change ☐ Addition  
NAME ALLEN, VIVIAN  
STREET ADDRESS 7000 ISLAND BLVD APT. 402  
CITY-ST-ZIP AVENTURA, FL 33160

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

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

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

TITLE ☐ Change ☐ Addition  
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: *Stuart N. Allen* STUART N. ALLEN 2/12/01 (305) 935-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0225679

CR2E034 (10/00)