

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-06-2003 90064 029 ****55.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L02000008027**
 1. Entity Name
STEP L.L.C

DO NOT WRITE IN THIS SPACE

*Here is info
 you requested*

2. Principal Place of Business
2032 NE 155 st R
 Suite, Apt. #, etc.

3. Mailing Address
2032 NE 155 st R
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number
02-0582258
 Applied For
 Not Applicable

Zip
33162

Country

Zip
33162

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name **ZAKR OMAROV**
 Street Address (P.O. Box Number is Not Applicable)
2032 NE 155 st R
 City **North Miami Beach FL** Zip Code **33162**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ZAKROMAROV 400 Leslie Drive Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director IVETA GOLOVNEVA 17980 NE 31st Ct # 1215 Aventura, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E0838 (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Zakr Omarov* Date: *April 28, 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #