

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56533

1. Entity Name

STEFAN & STEFAN, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90029 014 ***150.00

Principal Place of Business

7220 N.W. 36TH ST.
SUITE 602
MIAMI FL 33166

Mailing Address

7220 N.W. 36TH ST.
SUITE 602
MIAMI FL 33166-6748

2. Principal Place of Business

10077 NW 55 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

9737 NW 41 STREET

Suite, Apt. #, etc.

SUITE 295

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0243760

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEFAN, RAMON
7220 NW 36TH ST
STE 602
MIAMI FL 33166

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

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

RAMON N. STEFAN 03/14/00

(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, 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**

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME STEFAN, RAMON
STREET ADDRESS 7220 NW 36 ST., STE 602
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

RAMON N. STEFAN

03/14/00

305-443-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE2524 10001