

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 08:00 AM****Secretary of State****DOCUMENT # L96000001177****1. Entity Name**
STEINER MANAGEMENT SERVICES, LLC.

Principal Place of Business	Mailing Address
770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES FL 33146	770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES FL 33146

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0704389

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ST. PHILIP CARL JR
1007 NORTH AMERICA WAY
4TH FLOOR
MIAMI FL 33132 USName
ST. PHILIP CARL JR
Street Address (P.O. Box Number is Not Acceptable)
770 SOUTH DIXIE HIGHWAY
SUITE 200
City CORAL GABLES FL Zip Code 33146**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 CARL ST. PHILIP****02/13/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STEINER LEISURE, LIMITED	
STREET ADDRESS	SUITE 104A, PO BOX N-9306, SAFFERY SQUARE	
CITY-ST-ZIP	NASSAU, THE BAHAMAS	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STEINER TRANSOCEAN LIMITED	
STREET ADDRESS	SUITE 104A, PO BOX N-9306, SAFFREY SQUARE	
CITY-ST-ZIP	NASSAU, THE BAHAMAS	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STEINER BEAUTY PRODUCTS, INC.	
STREET ADDRESS	1007 NORTH AMERICA WAY, 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER BEAUTY PRODUCTS, INC.	
STREET ADDRESS	5600 NW 12 AVENUE, SUITE 303	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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: CARL ST PHILIP**

V

02/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)