

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

03-29-2002 90598 041 ****50.00
L96000001177

DOCUMENT # L96000001177

1. Entity Name

STEINER MANAGEMENT SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 S. DIXIE HIGHWAY

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

4. FEI Number

65-0704389

Applied For
Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRUCE A. JORDAN

Street Address (P.O. Box Number is Not Acceptable)

770 SOUTH DIXIE HIGHWAY

SUITE 200

City

CORAL GABLES

FL

Zip Code

33146

**DO NOT WRITE
IN THIS SPACE**

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

Bruce Jordan
Signature, typed or printed name of registered agent and title if applicable. BRUCE JORDAN

13 MAR 02

DATE

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

MANAGING MEMBER
STEINER U.S. HOLDINGS, INC.
770 SOUTH DIXIE HIGHWAY, #200
CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER
STEINER BEAUTY PRODUCTS, INC.
770 SOUTH DIXIE HIGHWAY, #200
CORAL GABLES 33146

TITLE
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CITY-ST-ZIP

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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 S. St Philip Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

13 MAR 02

Date

305-358-9002

Daytime Phone #

CARL S. ST PHILIP JR., CHIEF FINANCIAL OFFICER

FILED
02 JUN -6 PM 12:00
TALLAHASSEE FLORIDA
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)