

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90179 023 \*\*\*\*\*50.00

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**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

**JORDAN, BRUCE A  
770 SOUTH DIXIE HIGHWAY  
SUITE 200  
CORAL GABLES FL 33146**

Name **RODRIGUEZ, GLADYS**

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

**770 SOUTH DIXIE HWAY**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **Gladys Rodriguez**

**4-10-03**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **STEINER BEAUTY PRODUCTS, INC.**  
STREET ADDRESS **770 SOUTH DIXIE HIGHWAY, SUITE 200**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **MGRM** ☐ Delete  
NAME **STEINER U.S. HOLDINGS, INC.**  
STREET ADDRESS **770 SOUTH DIXIE HIGHWAY, SUITE 200**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

*[Signature]* **LEONARD I. FLUXMAN**

**4/10/03 (305) 358-9002**

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

Date

Daytime Phone #

CR2E083 (10/02)