

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90064 036 ****61.25

0023554

DOCUMENT # N97000004410

1. Entity Name

STEP BY STEP ENTERPRISES, INC.

Principal Place of Business

**210 N.W. 6TH AVE.
 FT. LAUDERDALE FL 33311-9152**

Mailing Address

**210 N.W. 6TH AVE.
 FT. LAUDERDALE FL 33311-9152**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, LEMAN
 210 N.W. 6TH AVE.
 FT. LAUDERDALE FL 33311-9152**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEMAN, SCOTT	
STREET ADDRESS	2892 NW 8TH CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FLEMING, PATRICIA A	
STREET ADDRESS	5812 N.W. 16TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ECKFORD, HATTIE R	
STREET ADDRESS	2871 N.W. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCOTT, LEMAN	
STREET ADDRESS	210 N W 6TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 registered professional service, or the person authorized to execute this report as provided by Chapter 617, Florida Statutes, and that my name, address, or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/12/02* Daytime Phone # *954 717-2125*

CR2E037 (9/01)