

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90062 015 ***150.00

064366 SP

DOCUMENT # P00000002042

1. Entity Name

STEIGLEDER INC.

Principal Place of Business

**2160 NW 162 ST.
 N. MIAMI BEACH FL 33162**

Mailing Address

**2160 NW 162 ST.
 N. MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

18671 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 401

City & State

City & State

SUNNY ISLES, FL

Zip

Country

Zip

Country

33160

U.S.A.

4. FEI Number

65-0969482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHILLING, MARCOS
 2595 N FEDERAL HWY
 FT LAUDERDALE FL 33305**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LING, MARIANE**
 CITY-ST-ZIP **2160 NW 162 ST
 NORTH MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **LING, MARIANE**
 CITY-ST-ZIP **18671 COLLINS AVE APT 401
 SUNNY ISLES, FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 02, 02

305-6829705

Date

Daytime Phone #

CR2E034 (9/01)