

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024352

1. Entity Name

S.T.E.P. 7, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91130 013 ***150.00

Principal Place of Business

9150 SOUTHWEST 87TH AVENUE
SUITE 102
MIAMI FL 33176

Mailing Address

9150 SOUTHWEST 87TH AVENUE
SUITE 102
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0989918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2001 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 PSD
NAME REYNOLDS, DWIGHT D DR.
STREET ADDRESS 9150 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE PSD
NAME REYNOLDS, DWIGHT DR.
STREET ADDRESS 9150 S.W. 87TH AVENUE, SUITE 102
CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☒ Addition

TITLE VTD
NAME MASTERS, JANICE M
STREET ADDRESS 9150 SOUTHWEST 87TH AVENUE
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWIGHT REYNOLDS

Date

Daytime Phone #

4/25/01 (305) 273-7736

CR2E034 (10/00)