

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034375

1. Entity Name *Step Grace Corporation*
5516 sardinia street
Coral Gables, Fl. 33146 *9/21/01*

Principal Place of Business *5516 sardinia street*
Coral Gables, Fl. 33146

2. Principal Place of Business *same as above*
 Suite, Apt. #, etc.

3. Mailing Address *same as above*
 Suite, Apt. #, etc.

City & State

Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -6 AM 10:55
 600004698506--9
 -11/29/01--01057--003
 ****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Pilar Llano
5516 sardinia street
Coral Gables, Fl 33146

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 _____ (NOTE: Registered Agent's 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 \$350.00
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

TITLE <input checked="" type="radio"/> <i>Pilar Llano</i>	<input type="checkbox"/> Delete
NAME <i>5516 sardinia street</i>	
STREET ADDRESS <i>Coral Gables, Fl 33146</i>	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(j), Florida Statutes. I further certify that the information indicated on this report of 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 a power like empowered.

SIGNATURE: *Pilar Llano* *03/22/2001*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

Attached please find my annual
report for year 2000

I did not received the original,
now I am sending you my
payment with the annual report
form.

I would greatly appreciate the
attention given to this matter.

Helen Floro
STEP GRACE CORP.