

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057421

1. Entity Name  
**STEP-BY-STEP SYSTEMS, INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
04-17-2001 90177 050 \*\*\*150.00

Principal Place of Business  
**717 ALHAMBRA CIR  
CORAL GABLES FL 33134**

Mailing Address  
**717 ALHAMBRA CIR  
CORAL GABLES FL 33134**

2. Principal Place of Business  
**4105 Ponce De Leon Blvd.**  
Suite Apt. #, etc.  
**202**

3. Mailing Address  
**4105 Ponce De Leon Blvd.**  
Suite Apt. #, etc.  
**Suite 202**

City & State  
**Coral Gables Florida**

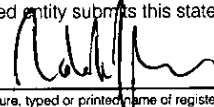
City & State  
**Coral Gables Florida**

4. FEI Number  
**65-1018004**

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

6. Name and Address of Current Registered Agent  
**GIUFFREDI-ZALDIVAR, ANNA G  
717 ALHAMBRA CIR  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
Name  
**Giuffredi Roberto**  
Street Address (P.O. Box Number is Not Acceptable)  
**4105 Ponce De Leon Blvd.**  
**Suite 202**  
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.  
SIGNATURE  **(Roberto Giuffredi President)** **4/11/01** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

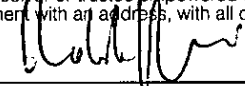
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	<b>D</b> <input type="checkbox"/> Delete	
NAME	<b>GIUFFREDI, ROBERTO</b>	
STREET ADDRESS	<b>717 ALHAMBRA CIR</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PST, D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Giuffredi, Roberto</b>	
STREET ADDRESS	<b>4105 Ponce De Leon Blvd.</b>	
CITY-ST-ZIP	<b>Coral Gables FL 33146</b>	
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		

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:  **(Roberto Giuffredi President)** **4/11/01** Date **(305) 445-45 00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)