

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058307

1. Entity Name

STEPHANIE TRADING COMPANY

Principal Place of Business

2121 PONCE DE LEON BLVD #240
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD #240
CORAL GABLES FL 33134

2. Principal Place of Business

717 LAS OLAS BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

Zip

Country

33301

Zip

Country

4. FEI Number

65-1023944

Applied For

Not Applicable

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

PRATS, GABRIEL

2121 PONCE DE LEON BLVD #240
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SIGAUO, STEPHANIE
2121 PONCE DE LEON BLVD #240
CORAL GABLES FL 33134

☐ Delete

TITLE
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☐ 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

4/30/2001 (954) 527

Date

Daytime Phone #

1565

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90034 014 ***158.75

975037



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)