

2001 UNIFORM BUSINESS REPORT (UBR)

L/1

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90127 040 ***150.00

DOCUMENT # P00000103414

1. Entity Name

LITTLE STEPS ENTERPRISE, CORP.

Principal Place of Business

4151 SW 139TH AVE.
 MIAMI FL 33175

Mailing Address

4151 SW 139TH AVE.
 MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

PO BOX 440919

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

65-1051601

Applied For

Not Applicable

Zip

Country

Zip

Country

33175 Miami, FL

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

PEREZ, BEHAR & ASSOCIATES, PA
 13935 NW 1ST AVE.
 MIAMI FL 33188

Name ANA LEZCANO

Street Address (Do Not Remove) 4151 SW 139 AVE

City Miami

FL

Zip Code

33175

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: ANA LEZCANO PRESIDENT 2/20/2001

Signature, typed or printed name of registered agent and agent 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 PD
 NAME LEZCANO, ANA
 STREET ADDRESS 4151 SW 139TH AVE.
 CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE DV
 NAME ILEANA DE ZAYAS
 STREET ADDRESS 9155 SW 75 ST
 CITY-ST-ZIP Miami FL 33173 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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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 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 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: ANA LEZCANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001 (305) 321-0910

Date

Telephone #

CR2E034 (10/00)