Feb 06 02 03:58p

FILED
Mar 12, 2002 8:00 am
Secretary of State
03-12-2002 90276 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 103414

1. Entity Name
Little Steps Enterprise, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7211 SW 39 Terr	PO Box 440919
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33155 Country: USA	Zip: 33144 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1051601 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANA LEZCANO

Street Address (P.O. Box Number is Not Acceptable): 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: [signature] (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 2/25/2002

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEZCANO, ANA 4151 SW 139 Ave Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DE ZAYAS, ILEANA 9155 SW 75 ST Miami, FL 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E054B (12/99)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/25/2002 (305) 264-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #