

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2006 8:00 am x1
Secretary of State

03-28-2006 90134 017 ***150.00

DOCUMENT # P01000057006

1. Entity Name

STEPTRADE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

909 N. 13TH CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

50006460

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL

City & State

4. FEI Number
65-1110031

Applied For
Not Applicable

Zip
33019

Country

Zip

Country

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

FABIAN CONDE

Street Address (P.O. Box Number is Not Acceptable)

909 N. 13TH CT

City
HOLLYWOOD, FL

FL

Zip Code
33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
FABIAN CONDE
909 N. 13TH CT
HOLLYWOOD, FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/06 9543946940
Date Daytime Phone #