

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90320 003 ***158.75

DOCUMENT # P01000057006

1. Entity Name
STEPTRADE CORP.



Principal Place of Business
**3901 SOUTH OCEAN DRIVE, SUITE 14V
HOLLYWOOD FL 33019**

Mailing Address
**3901 SOUTH OCEAN DRIVE, SUITE 14V
HOLLYWOOD FL 33019**

00001070



2. Principal Place of Business,
1230 WEEPING WILLOW WAY
Suite, Apt. #, etc.

3. Mailing Address
1230 WEEPING WILLOW WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number **65-1110039**

Applied For
Not Applicable

Zip **33019** Country **USA**

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

6. Name and Address of Current Registered Agent

ROMANO, MARCELO
5216 MADISON ST.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **FABIAN J. CONDE**
Street Address (P.O. Box Number is Not Acceptable)
1230 WEEPING WILLOW WAY
City **HOLLYWOOD** FL **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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CONDE, FABIAN J
3901 SOUTH OCEAN DRIVE, SUITE 14V
HOLLYWOOD FL 33019 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CONDE, FABIAN J
3901 SOUTH OCEAN DRIVE, SUITE 14V
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/03 **954-9225397**
Date Daytime Phone #

0155800 AV

CR2E034 (10/02)