

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90041 016 ***150.00

DOCUMENT # P01000105954

1. Entity Name
STEROX ENTERPRISES, INC.

Principal Place of Business
4980 SOUTHWEST 165TH AVENUE
MIRAMAR FL 33027

Mailing Address
4980 SOUTHWEST 165TH AVENUE
MIRAMAR FL 33027

2. Principal Place of Business

4980 Southwest 165th

Suite, Apt. #, etc.

AVENUE

3. Mailing Address

4980 Southwest 165th Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number
60-0001013

Applied For
Not Applicable

Zip
33027

Country
USA

Zip
33027

Country
USA

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **Pablo Pena Martinez**

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

4980 Southwest 165 Avenue

City **Miramar**

FL

Zip Code **33027**

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 *Pablo Pena Martinez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-2002
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, 2002 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

TITLE **PD** ☐ **Delete**
NAME **PENA, PABLO A**
STREET ADDRESS **4980 SOUTHWEST 165TH AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **ST** ☐ **Delete**
NAME **TORO, ROXANA**
STREET ADDRESS **4980 SOUTHWEST 165TH AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Pablo Pena Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002
 Date

(954) 436-3624
 Daytime Phone #

CR2E034 (9/01)