

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90809 018 ***150.00

0371538 AV

DOCUMENT # P02000022644

1. Entity Name

STEV MAR GROUP INC.



Principal Place of Business

**11110 W. OAKLAND PARK BLVD., STE. #365
SUNRISE FL 33351**

Mailing Address

**11110 W. OAKLAND PARK BLVD., STE. #365
SUNRISE FL 33351**

2. Principal Place of Business

11110 W. OAKLAND PARK BLVD.

3. Mailing Address

11110 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

SUITE # 351

Suite, Apt. #, etc.

SUITE # 351

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

04-3633543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PERALTO, STEPHEN A

11110 W. OAKLAND PARK BLVD., STE. #365

SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **DPS** ☐ Delete
NAME **PERALTO, STEPHEN A**
STREET ADDRESS **11110 W. OAKLAND PARK BLVD., STE. #365**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-03

Date

786-326-4152

Daytime Phone #

CR2E034 (10/02)