FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90020 015 ***150.00

DOCUMENT # P03000018030

1. Entity Name
STIEFELMANN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

54014535

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2. Principal Place of Business	3. Mailing Address C/O BLAKESBERG & CO CPAS	4. FEI Number	
21407 GOSIER WAY	951 SW 4TH AVE	20-0633237	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: BOCA RATON FL	City & State: BOCA RATON, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
Zip: 33428-4840 / Country	Zip: 33432-5803 / Country		

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7. Name and Address of Current Registered Agent

Name: WILLIAM J BLAKESBERG

Street Address (P.O. Box Number is Not Acceptable): 951 SW 4TH AVE

City: BOCA RATON FL Zip Code: 33432-5803

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: William J Blakesberg 2/23/04
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P STIEFELMANN, ROBERTO 21407 GOSIER WAY BOCA RATON, FL 33428-4840	
S STIEFELMANN, ELIANA 21407 GOSIER WAY BOCA RATON, FL 33428-4840	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Roberto Stiefelmann 561-750-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERTO STIEFELMANN PRESIDENT