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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
21407 GOSIER WAY		C/O BLAKESBERG & CO CPAS 951 SW 4TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON FL		City & State: BOCA RATON, FL	
Zip: 33428-4840	Country	Zip: 33432-5803	Country

4. FEI Number: 20-0633237 ☐ Applied For ☐ Not Applicable

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: 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: [signature] 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	P	TITLE	
NAME	STIEFELMANN, ROBERTO	NAME	
STREET ADDRESS	21407 GOSIER WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428-4840	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	STIEFELMANN, ELIANA	NAME	
STREET ADDRESS	21407 GOSIER WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428-4840	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 561-750-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERTO STIEFELMANN PRESIDENT
Date Daytime Phone #