

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043307

1. Entity Name  
STEINER BEAUTY PRODUCTS, INC.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90083 042 \*\*\*550.00

Principal Place of Business  
1007 NORTH AMERICA WAY  
4TH FLOOR  
MIAMI FL 33132

Mailing Address  
1007 NORTH AMERICA WAY  
STE 400  
MIAMI FL 33132

2. Principal Place of Business  
5600 NW 12 Avenue  
Suite, Apt. #, etc.  
Suite 303

3. Mailing Address  
770 S. Dixie Highway  
Suite, Apt. #, etc.  
Suite 200

City & State  
Ft. Lauderdale, FL

City & State  
Coral Gables, FL

4. FEI Number 65-0423915

Applied For  
Not Applicable

Zip  
33309

Country  
USA

Zip  
33146

Country  
USA

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

## 6. Name and Address of Current Registered Agent

FLUXMAN, LEONARD  
1007 NORTH AMERICA WAY  
4TH FLOOR  
MIAMI FL 33132

## 7. Name and Address of New Registered Agent

Name Same  
Street Address (P.O. Box Number is Not Acceptable)  
770 S. Dixie Highway  
Suite 200  
City Coral Gables FL Zip Code 33146

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 *Leonard Fluxman*

8-4-00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME FLUXMAN, LEONARD  
STREET ADDRESS 1007 NORTH AMERICAN WAY  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE V  
NAME ST PHILIP, CARL  
STREET ADDRESS 1007 N AMERICA WAY  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE same  
NAME same  
STREET ADDRESS 770 S. Dixie Highway, Suite 200  
CITY-ST-ZIP Coral Gables, FL 33146 ☒ Change ☐ Addition

TITLE same  
NAME same  
STREET ADDRESS 770 S. Dixie Highway, Suite 200  
CITY-ST-ZIP Coral Gables, FL 33146 ☒ Change ☐ Addition

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

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

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

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

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: *Leonard Fluxman* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-00

Date

(305) 358-9002

Daytime Phone #

CR2E034 (5/00)