

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086291

1. Entity Name
STE ENVIRONMENTAL GROUP, INC.

Principal Place of Business
2648 W 77 PL
HIALEAH FL 33016
US

Mailing Address
2648 W 77 PL
HIALEAH FL 33016
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KORNIK, GARY H
AVENTURA COR. CENTER
20801 BISCAYNE BLVD #505
AVENTURA FL 33180

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.

SIGNATURE

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 12, 2001 Fee 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 S
NAME MILLER, ROBERT N JR.
STREET ADDRESS 5705 SW 115 TERR
CITY-ST-ZIP COOPER CITY FL 33330 ☐ Delete

TITLE P
NAME MILLER, SANDRA D
STREET ADDRESS 5705 SW 115TH TERR.
CITY-ST-ZIP COOPER CITY FL 33330 ☐ Delete

TITLE VP
NAME MILLER, ANGELA M
STREET ADDRESS 5705 SW 115TH TERR.
CITY-ST-ZIP COOPER CITY FL 33330 ☐ 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
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

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: *Signature*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/01 305/821-3848
Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90009 040 ***550.00

C0075861



DO NOT WRITE IN THIS SPACE

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