

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008169

1. Entity Name

SYMMETRICAL STAIR, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90092 031 ***158.75

Principal Place of Business

Mailing Address

720 SOUTH DEERFIELD AVENUE
#1-3
DEERFIELD BEACH FL 33441
US

720 SOUTH DEERFIELD AVENUE
#1-3
DEERFIELD BEACH FL 33441-5320
US

2. Principal Place of Business

3. Mailing Address

2119 Park Central Boulevard North ← Same

Suite, Apt. #, etc.

← same

City & State

← same

Zip

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0557223

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVE, ASSOCIATES
3801 HOLLYWOOD BLVD STE 100
HOLLYWOOD FL 33021

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
CHEPONIS, A J
170 S.E. 7TH ST., APT. 5
DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A.J. Cheponis
4793 S. Citation Dr. #206
Delray Bch, FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DISCALA, MINDY J
4793 S. CITATION DR. #206
DELRAY BEACH FL ☐ Delete

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

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☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/00 (954) 974-7879

CR2E034 (9/99)