


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 18 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P95000015661	
1. Entity Name	Steinburg & Milano, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5051 Castello Drive		5051 Castello Drive	
Suite, Apt. #, etc. #206		Suite, Apt. #, etc. #206	
City & State Naples, FL		City & State Naples, FL	
Zip	Country	Zip	Country
34103	U S A	34103	U S A

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
22 3360 452	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name Dennis Navarra	
Street Address (P.O. Box Number is Not Acceptable) 5850 10th Avenue SW	
City Naples	Zip Code FL 34116

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE: Dennis Navarra Pres. 12/16/03
(NOTE: Registered Agent signature required when functioning)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dennis Navarra 5850 10th Avenue SW Naples, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900025596089 12/18/03--01026--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sergio Vega 1109 Palm Drive Immokalee, FL 34142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Juan Espinoza 1109 Palm Drive Immokalee, FL 34142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Dennis Navarra Pres. 12/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)