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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am Secretary of State DOCUMENT # P9500063364 STEPS IMPORT & EXPORT, INC. 02-12-2001 90254 017 ***150.00 Principal Place of Business Mailing Address 10 N.E. 45TH STREET 10 N.E. 45TH STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 3315 SW 151 CT 1STCT 3315 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0607147 DEERFIELD BEACH, DEERFIELD BEACH. FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33442 BROWARD BROWARD 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALBI, FRANCISCO C BALBI, FRANCISCO C Street Address (P.O. Box Number is Not Acceptable) 10 N.E. 45TH STREET POMPANO BEACH FL 33064 1ST CT 3315 SW CITY DERCFIELD BEACH Zip Code 33 442 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** TITLE PTD ☐ Delete TITLE ☐ Addition BALBI, FRANCISCO C NAME BALBI FRANCISCO NAME STREET ADDRESS 10 N.E. 45TH STREET 3315 SW 15TCT STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE DALBI, DAISY C 3315 SW | ST CT DEERFIELD BEACH, FL 33442. BALBI, DAISY C NAME NAME STREET ADDRESS 10 N.E. 45TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.