

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076031

1. Entity Name

FIRST STEP WORLDWIDE INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90124 043 ***150.00

Principal Place of Business

Mailing Address

2801 NW 74TH AVENUE
SUITE #226
MIAMI FL 33122
US

2801 NW 74TH AVENUE
SUITE #226
MIAMI FL 33122-1443
US

2. Principal Place of Business

2801 NW 74 Ave #204

3. Mailing Address

2801 NW 74 Ave

Suite, Apt. #, etc.

SUITE # 204

Suite, Apt. #, etc.

SUITE # 204

City & State

Miami FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0614615

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

COSTALES, AGUSTIN
12103 SW 105 LANE
MIAMI FL 33186

Name COSTALES, AGUSTIN

Street Address (P.O. Box Number is Not Acceptable)

13308 SW 108 ST circle

City Miami

FL

Zip Code 33186

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

Agustin Costales

Agustin Costales

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 PCTD ☐ Delete
NAME COSTALES, AGUSTIN
STREET ADDRESS 12103 SW 105 LANE
CITY-ST-ZIP MIAMI FL 33186

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

TITLE VS ☐ Delete
NAME COSTALES, AGUSTIN
STREET ADDRESS 12103 SW 105 LANE
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Agustin Costales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/2000

Daytime Phone #

305-436-5044