2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 04, 2001 8:00 am Secretary of State Sal's Step By Step, Inc. 05-04-2001 90159 014 \*\*\*150.00 Principal Place of Business Mailing Address 16190 64th Place Horth Loxahatchee, FC 33470 2. Principal Place of Business 3. Mailing Address 00046837 6190 64th Place North Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number \_oxahatchee 65-0668348 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33470 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of legistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1-2001 Fee will be \$550.00 Tax filing requirement and elects to ac so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SALVATORE TIRRO SR. Change Addition TITLE NAME 16190 64 & PLV. STREET ADDRESS STREET ADDRESS LOXANATCHEE Fl. 33470 CITY-ST-ZIP CITY-ST-ZIP V.c. President Addition TITLE SALUATORE J TIARD TR. NAMÉ STREET ADDRESS STREET ADDRESS 110190 64 LDI. N. LOXANATCHEE F1 33470 CITY-ST-ZIP CITY-ST-ZIP Secretary / Treasurer TITLE Delete NAME NAME LEE ANNE M TIRRO STREET ADDRESS 16190 64 & Pl. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOYAHATCHEE Addition TITLE TITLE MAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - [7] Change Addition Delete TITLE TITLE HAME 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 Seleptone Tiano St. 4-10-01 56/753-58 SIGNATURE: