

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90047 023 ***150.00

DOCUMENT # P97000062115

1. Entity Name

STEMA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~8000 CLEARY BLVD.~~
~~# 609~~
~~PLANTATION FL 33324~~

~~8000 CLEARY BLVD.~~
~~# 609~~
~~PLANTATION FL 33324~~

2. Principal Place of Business

3144 BAYBERRY WAY

3. Mailing Address

3144 BAYBERRY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE, FL

4. FEI Number

65-0768433

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

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

MUSTER, STEVEN M

~~8000 CLEARY BLVD.~~

~~# 609~~

~~PLANTATION FL 33324~~

Name

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

3144 BAYBERRY WAY

City

MARGATE

FL

Zip Code

33063

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

STEVEN MUSTER, PRES. X 3/19/01

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, 2001 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 ☐ Delete
NAME **PD MUSTER, STEVEN**
STREET ADDRESS ~~8000 CLEARY BLVD APT 609~~
CITY-ST-ZIP ~~PLANTATION FL 33324~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3144 BAYBERRY WAY**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/19/01

Date

X 954-752-1484

Daytime Phone #

CR2E034 (10/00)