

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000598

1. Entity Name

STEF'S STUFF, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90435 005 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 308 ALHAMBRA CIRCLE CORAL GABLES FL 33134 | 308 ALHAMBRA CIRCLE CORAL GABLES FL 33134-5004 |

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 65-0807033 | Applied For |
| | | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEROA, MANNY CPA
308 ALHAMBRA CIR
CORAL GABLES FL 33134**

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| City | FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

| | | | |
|--|---|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> | <p>\$5.00 May Be Added to Fees</p> |
|--|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSV FIGUEROA, STEPHANIE 308 ALHAMBRA CIRCLE CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FIGUEROA, MANNY 308 ALHAMBRA CIRCLE CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Stephanie Figueroa Stephanie Figueroa 3/20/00 (305) 446-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #