

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90066 013 ***150.00

DOCUMENT # P98000000598

1. Entity Name
STEFI'S STUFF, INC.

Principal Place of Business
**308 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134**

Mailing Address
**308 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134**

2. Principal Place of Business
15820 Kingsmoor Way

3. Mailing Address
15820 Kingsmoor Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes, Florida

City & State
Miami Lakes, Florida

4. FEI Number **65-0807033**

Applied For
 Not Applicable

Zip Country
33014 U.S.A.

Zip Country
33014 U.S.A.

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

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

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

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 **PSV** ☐ Delete
 NAME **FIGUEROA, STEPHANIE**
 STREET ADDRESS **308 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **FIGUEROA, MANNY**
 STREET ADDRESS **308 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
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 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: Stephanie Figueroa Stephanie Figueroa 3/29/01 (305) 446-1120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)