

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90019 043 \*\*\*150.00

**DOCUMENT # P98000066668**

1. Entity Name

STEVEN COLE INC.



Principal Place of Business

6000 W GLADE ROAD  
1214A  
BOCA RATON FL 33431

Mailing Address

777 NORTHWEST 72ND AVENUE, #2J2  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

35 NE 38th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI FL

Zip

Country

Zip

Country

33137

US

4. FEI Number

65-0861613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCEMLA, CLAUDE  
105 OCEAN BLVD  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name  
SCEMLA, MURIEL

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

105 OCEAN BLVD.

City  
Golden Beach

FL

Zip Code

33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

SCEMLA, Muriel President 03/29/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME  
SCEMLA, MURIEL  
STREET ADDRESS  
105 OCEAN BLVD  
CITY-ST-ZIP  
NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Golden Beach, FL 33160

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SCEMLA, SEBASTIEN  
322 S. PARKWAY  
Golden Beach, FL 33160

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muriel Scemla 03/29/04 (305) 576 4470

Date

Daytime Phone #