

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 013 ***150.00

DOCUMENT # P98000066668

1. Entity Name
STEVEN COLE INC.



Principal Place of Business
777 NORTHWEST 72ND AVENUE. #2J2
MIAMI FL 33126

Mailing Address
777 NORTHWEST 72ND AVENUE. #2J2
MIAMI FL 33126



2. Principal Place of Business

6000 W. GLADE ROAD
Suite, Apt. #, etc.
1214A

3. Mailing Address

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip

33431

Country

USA

Zip

Country

4. FEI Number
65-0861613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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
NAME
SCEMLA, CLAUDE ☒ Delete
STREET ADDRESS
777 NW 72 AVE, #2J2
CITY-ST-ZIP
MIAMI FL 33126

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
SCEMLA, MURIEL ☒ Change ☐ Addition
STREET ADDRESS
105 OCEAN BLVD
CITY-ST-ZIP
Golden Beach, FL 33160

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

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

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

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

CR2E034 (10/02)

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03 **20052655080**
Date Daytime Phone #