

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90156 010 ***150.00

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DOCUMENT # P99000009706

1. Entity Name
FIRST STEP HOUSE, INC.



Principal Place of Business
1511 S.E. 23RD AVENUE
POMPANO BEACH FL 33062

Mailing Address
900 N.E. 7TH STREET
POMPANO BEACH FL 33062

2. Principal Place of Business

900 NE 7 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State

4. FEI Number 65-0886270

Applied For
☐ Not Applicable

Zip
33060

Country
USA

Zip

Country

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

CASTRO, RALPH J CPA
511 NE 49TH ST
FORT LAUDERDALE FL 33334

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

SIGNATURE Andrew S. Hirschberg
Signature, typed or printed name of registered agent and title if applicable.

Andrew S. HIRSCHBERG

4-21-03

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HIRSCHBERG, ANDREW S
STREET ADDRESS 900 N.E. 7TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Delete
NAME KELLEY, TERRI JO
STREET ADDRESS 900 N.E. 7TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE SD ☐ Delete
NAME SMITH, THOMAS J JR.
STREET ADDRESS 3252 N.E. 13TH STREET, UNIT 10
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE ☐ Change ☐ Addition
NAME HIRSCHBERG, TERRI J.
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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:

Andrew S. Hirschberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03
Date

(954) 784-2845
Daytime Phone #

CR2E034 (10/02)