

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010270

1. Entity Name

STEHAR CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 020 ***150.00

Principal Place of Business

Mailing Address

7999 SW 152 AVENUE #1
MIAMI FL 33193

7999 SW 152 AVENUE #1
MIAMI FL 33193-3225

2. Principal Place of Business

3. Mailing Address

1901 BRICKELL AVE

1901 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B202

B202

City & State

City & State

MIAMI FLORIDA

MIAMI - FLORIDA

Zip

Country

Zip

Country

33129

FLORIDA

33129

FLORIDA

4. FEI Number

65-0900244

Applied For

Not Applicable

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

PRECIADO, HECTOR
7999 SW 152 AVENUE #1
MIAMI FL 33193

Name PRECIADO, NANSI

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

1901 BRICKELL AVE # B202

City

MIAMI

FL

Zip Code

33129

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

Hector Preciado, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/01/2000

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PRECIADO, HECTOR	
STREET ADDRESS	7999 SW 152 AVENUE #1	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRECIADO, NANSI	
STREET ADDRESS	7999 SW 152 AVENUE #1	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRECIADO, NANSI	
STREET ADDRESS	1901 BRICKELL AVE #1	
CITY-ST-ZIP	MIAMI-FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Hector Preciado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-01-2000 (305) 654-5571

CR2E034 (9/99)