

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050740

1. Entity Name

STEAMMASTERS OF BAYSIDE, INC.

Principal Place of Business

Mailing Address

401 BISCAYNE BOULEVARD
SUITE #217
MIAMI FL 33132

401 BISCAYNE BOULEVARD
SUITE #217
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

401 BISCAYNE BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPACE 217

City & State
MIAMI FL

City & State

Zip
33132

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

65-092860V

4. FEI Number

APPLIED FOR

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

AMERICAN INFORMATION SERVICES, INC.
2 S BISCAYNE BLVD STE 3400
MIAMI FL 33131

Name

SAME

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 fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
QUEIROZ, JULIO
401 BISCAYNE BOULEVARD STE 217
MIAMI FL 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
MONTEZA, JORGE
401 BISCAYNE BOULEVARD STE 217
MIAMI FL 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO QUEIROZ

Date

Daytime Phone #

5/2/01 305-3797846

CR2E034 (10/00)