2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUM 1. Entity Name STEER-TE | • | FILED May 08, 2000 8:00 an Secretary of State 04-21-2000 90005 035 ***150.00 | | | | | ım | | | |
|---|--|---|-------------------|--|--|------------------------------|-----------------|---|--|----------------|
| Principal Place 245 WEST 74 PL | ACE | Mailing Address 245 WEST 74 PLACE HIALEAH FL 33014-5058 | | | - | 04-21 | -2000 90005 | 035 ***1 | 50.00 | |
| 2. Principal Place of Business | | 3. Mailing Address | | <u> </u> | - | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT V | VRITE IN THIS S | PACE | | |
| City & State | | City & State | | | 4. F | El Number 65-092 | 7354 | Not | lied For Applicable | |
| Zip | Country | Zip | Coun | ity | 5. (| Certificate of Status Desire | | 8.75 Addit ee Required | ional | · |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. N | lame and Address of No | w Registered A | gent | | |
| 245 V | IERA, GERARDO VEST 74 PLACE | | Street Address | | | ox Number is Not Accept | able) | | | į |
| HIALE | EAH FL 33012 | | City | ₽ Zip Code | | | | | | |
| | named entity submits this statement fo | | | <u> </u> | | and as halfs in the State of | FL | 2.0000 | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent | | | ed Agent signature requir | | | DATE | | | |
| 9. This corpo Tax filing re (See criter | After MAY 1, 2 | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sto | | | 10. Election Campaig Trust Fund Contril | | | May Be to Fees | | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHANGES TO | OFFICERS AND | | | <u></u> |
| NAME STREET ADDRESS CITY-SI-ZIP | PD Cabrera, Gerardo 245 West 74 Place Hialeah Fl 33012 | ☐ Delete | | | | | | ☐ Change | Addition | CR2E034 (9/99) |
| TITLE NAME STREET ADDRESS | VSD CABRERA, CARLOS 245 WEST 74 PLACE | ☐ Delete | • | ME REET AODRESS | | | | ☐ Change | Addition | CB |
| TITLE NAME STREET ADDRESS | .HIALEAH FL 33012 | □ Delete | TIT NAI STE | ME REET ADORESS | | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7,200 | ☐ Delete | TIT NA STI | Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delete | TIT NA STI | ILE ME REET ADDRESS TY-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | NA ST C) | TLE ME REET ADDRESS TY-ST-ZIP | | | | ☐ Change | ☐ Addition | |
| 13.) hereby indicated of the co-changed | certify that the information supplied with an this report or supplemental report receiver or trustee empty, or on an attachment with an address. | th this filing tides not qualify is true and adjurate and that sowered to execute this repo with all other like empowere | | | | | | artify that the in am an officer in Block 11 of | nformation or director Block 12 if | 7- |
| SIGNAT | FURE: SIGNATURE AND TYPED OR | PRINTED NAME OF SIGNING OFFICE | ER OR DIRE | SERARI GTOR PRE | 417 10 | CABPERA Date | 4114/00 | 0/2/11 Phone # | 16. LW | 36 |