

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055499

1. Entity Name

STEROUT, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90051 034 \*\*\*150.00

Principal Place of Business

637 N.W. 12TH AVE.  
DEERFIELD FL 33442

Mailing Address

637 N.W. 12TH AVE.  
DEERFIELD FL 33442-1711

2. Principal Place of Business

14515 N.W. 60th AVE

Suite, Apt. #, etc.

3. Mailing Address

2855B WEST MCNAB RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

Zip

33014

Country

U.S.A.

City & State

Pompano Beach, FL

Zip

33069

Country

U.S.A.

4. FEI Number

65-0929365

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

HINES, KIM A ESQ.  
STEEL HECTOR & DAVIS LLP  
1900 PHILLIPS POINT W. 777 S. FLAGLER DR.  
W. PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	AURAN, MITCHELL D	
STREET ADDRESS	888 JEFFREY ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRANK, JEFFREY H	
STREET ADDRESS	637 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMBLE, RICHARD M	
STREET ADDRESS	415 HIDDEN OAKS CT.	
CITY-ST-ZIP	MAHPOMEDI MN 55115	
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	CFO - Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karst, Brad Ford	
STREET ADDRESS	2855B WEST MCNAB RD.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	CEO - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2855B WEST MCNAB RD.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	President - Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumble, Richard	
STREET ADDRESS	2855B WEST MCNAB RD.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)