

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068345

1. Entity Name

STEINER MANAGEMENT SERVICES, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 048 ***550.00

Principal Place of Business

1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

Mailing Address

1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

2. Principal Place of Business

770 S. Dixie Highway
 Suite, Apt. #, etc.
 Suite 200

3. Mailing Address

770 S. Dixie Highway
 Suite, Apt. #, etc.
 Suite 200

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

4. FEI Number

65-0704389

Applied For

Not Applicable

Zip
 33146

Country
 USA

Zip
 33146

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GLADYS
 1007 NORTH AMERICA WAY, 4TH FLOOR
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
 (Same)

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

770 S. Dixie Highway
 Suite 200

City
 Coral Gables

FL

Zip Code
 33146

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

Gladys Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-4-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-00

Date

(305) 358-9002

Daytime Phone #

CR2E034 (5/00)