

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000106413**

1. Entity Name  
**STEINMARK & ASSOCIATES, INC.**

Principal Place of Business  
 3757 N.W. 52 STREET  
 BOCA RATON FL 33496

Mailing Address  
 3757 N.W. 52 STREET  
 BOCA RATON FL 33496

2. Principal Place of Business  
 3594 SO. OCEAN BLVD

3. Mailing Address  
 3594 SO. OCEAN BLVD.

Suite, Apt. #, etc.  
 # 1008

Suite, Apt. #, etc.  
 # 1008

City & State  
 HIGHLAND BEACH FL

City & State  
 HIGHLAND BEACH FL

Zip  
 33487

Country  
 US

Zip  
 33487

Country  
 US

4. FEI Number  
**65-0982415**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

STEINMARK FRANCES L  
 3757 N.W. 52 STREET  
 BOCA RATON FL 33496

**7. Name and Address of New Registered Agent**

Name  
 STEINMARK FRANCES L  
 Street Address (P.O. Box Number is Not Acceptable)  
 3594 SO. OCEAN BLVD.  
 # 1008  
 City  
 HIGHLAND BEACH FL Zip Code  
 33487

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.

**04/05/2001**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. STEINMARK FRANCES L 3594 SO. OCEAN BLVD. - # 1008 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES STEINMARK FRED P 3594 SO. OCEAN BLVD. - # 1008 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEINMARK FRANCES L 3594 SO. OCEAN BLVD. - # 1008 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEINMARK FRED P 3594 SO. OCEAN BLVD. - # 1008 HIGHLAND BEACH FL 33487	<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

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: Fred P. Steinmark**

Pres **04/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)