

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

33496

FL

Mailing Address

3757 N.W. 52 STREET

BOCA RATON

33496

FL

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

33496

FL

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.

(NOTE: Registered Agent signature required when reinstating)

04/05/2001

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**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Pres

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)