Feb 05 03 03:09p

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Feb 13, 2003 8:00 am
Secretary of State
02-13-2003 90267 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14251

1. Entity Name
STEVON, INC.

Principal Place of Business	Mailing Address
33 N.E. 2ND STREET SUITE 101 FT. LAUDERDALE, FL 33301 US	33 N.E. 2ND STREET SUITE 101 FT. LAUDERDALE, FL 33301 US

90025660

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4040 Sheridan Street	4040 Sheridan Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: Broward	Zip: 33021 Country: Broward

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMSTEIN, MARK I.
4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P ☐ Delete NAME: CHAPIRO, EDUARDO STREET ADDRESS: 2301 S OCEAN DR #2708 CITY-ST-ZIP: HOLLYWOOD, FL 33019	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S ☐ Delete NAME: CHAPIRO, SILVIA STREET ADDRESS: 2301 S OCEAN DR #2708 CITY-ST-ZIP: HOLLYWOOD, FL 33019	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #