

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 NOV 26 AM 11:47

DOCUMENT # **F98000003071**

1. Entity Name
I. STERN AND COMPANY, INC.

Principal Place of Business Mailing Address
**49 BRANT AVENUE
SUITE 7 & 8
CLARK, NJ 07066**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2058343

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IRA STERN
16725 PORT ROYALE CIRCLE
JUPITER, FL 33477**

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.

SIGNATURE **VICE-PRESIDENT**

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. **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 PRESIDENT	<input type="checkbox"/> Delete	TITLE IRA STERN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRA STERN		NAME	
STREET ADDRESS 16725 PORT ROYALE CIRCLE		STREET ADDRESS	
CITY - ST - ZIP JUPITER, FL 33477		CITY - ST - ZIP	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete	TITLE BRIAN MILES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIAN MILES		NAME	
STREET ADDRESS 236 CANTERBURY LANE		STREET ADDRESS	
CITY - ST - ZIP FAIRFIELD, CT 06430		CITY - ST - ZIP	
TITLE SECRETARY/TREASURER	<input type="checkbox"/> Delete	TITLE TODD STEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TODD STEIN		NAME	
STREET ADDRESS 5 CORYELL COURT		STREET ADDRESS	
CITY - ST - ZIP FLEMINGTON, NJ 08822		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

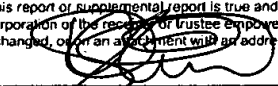
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*****150.00*****

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the report 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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **TODD STEIN** 11/8/01 732-382-9666

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