

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006576

1. Entity Name

STERLING NATIONAL MORTGAGE COMPANY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90314 041 ***150.00

Principal Place of Business

Mailing Address

98 CUTTERMILL RD, SUITE 200N
GREAT NECK NY 11021

98 CUTTERMILL RD, SUITE 200N
GREAT NECK NY 11021-3006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3334993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

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

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD ☐ Delete
NAME BIZENOV, MICHAEL
STREET ADDRESS 98 CUTTERMILL RD, SUITE 200N
CITY-ST-ZIP GREAT NECK NY 11021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME BRAND, JO-ANN
STREET ADDRESS 98 CUTTERMILL RD, SUITE 200N
CITY-ST-ZIP GREAT NECK NY 11021

TITLE ☒ Change ☐ Addition
NAME Neal Krumper
STREET ADDRESS 98 Cuttermill Rd Suite 200N
CITY-ST-ZIP Great Neck, NY 11021

TITLE D ☐ Delete
NAME MILLMAN, JOHN
STREET ADDRESS 430 PARK AVE, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAPPELLI, LOUIS
STREET ADDRESS 430 PARK AVE, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALOISIO, JOHN
STREET ADDRESS 430 PARK AVE, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bizenov President

4/25/2000 516-487-0018

Date

Daytime Phone #

CR2E034 (9/99)