

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**  
 03-04-2002 90035 046 \*\*\*150.00

**DOCUMENT # G77495**

1. Entity Name  
**STERNBERG & STERNBERG, P.A.**

Principal Place of Business 8333 W. MC NAB ROAD 227 TAMARAC FL 33321 US	Mailing Address 8333 W. MC NAB ROAD 227 TAMARAC FL 33321 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2350283</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

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

**STERNBERG RHONDA M**  
**8333 W. MC NAB ROAD**  
**227**  
**TAMARAC FL 33321**

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

Name **BERNARD STERNBERG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8333 W MCNAB RD #227**  
 City **TAMARAC** FL Zip Code **33321**

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 DATE **2/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDV</b> <b>STERNBERG, RHONDA M.</b> <b>8333 W. MC NAB ROAD 227</b> <b>TAMARAC FL 33321</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BERNARD STERNBERG</b> <b>8333 WEST MCNAB ROAD</b> <b>SUITE 219 227</b> <b>TAMARAC, FLORIDA 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PDS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **BERNARD STERNBERG** DATE **2/15/02** Daytime Phone # **954-741-6200**

CR2E034 (9/01)