

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90823 038 ***158.75

U303424 AV

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2350283**
Applied For
 Not Applicable

Zip Country

Zip Country

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

**STERNBERG, BERNARD
8333 W. MC NAB ROAD
227
TAMARAC FL 33321**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME **PDS STERNBERG, RHONDA M.**
STREET ADDRESS **8333 W. MC NAB ROAD 227**
CITY-ST-ZIP **TAMARAC FL 33321**
 Delete **DELETE**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **PDS STERNBERG, BERNARD**
STREET ADDRESS **8333 W. MC NAB RD**
CITY-ST-ZIP
 Delete **→**

TITLE NAME **PDS STERNBERG, BERNARD**
STREET ADDRESS **8333 W. MC NAB RD #227**
CITY-ST-ZIP **TAMARAC, FL 33321**
 Change Addition

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: Bernard Sternberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/3/3 954-741-6200**
Date Daytime Phone #

CR2E034 (10/02)