

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0283065 AV

**DOCUMENT # H30441**

1. Entity Name  
**STERLING PRESTRESS, INC.**

04-01-2002 90003 018 \*\*\*150.00

Principal Place of Business  
**11905 NW 102ND ROAD**  
**MEDLEY FL 33178**  
**US**

Mailing Address  
**11905 NW 102ND ROAD**  
**MEDLEY FL 33178**  
**US**



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 **59-2483700** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRES, RAYMOND**  
**11905 NW 102ND ROAD**  
**MEDLEY FL 33178**

7. Name and Address of New Registered Agent

Name **Paul M Haddad**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5660 Collins Ave**  
 City **Miami Bch** FL Zip Code **33140**

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 **Paul M Haddad**

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, 2002 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

TITLE **VD** ☐ Delete  
 NAME **HADDAD, SAID**  
 STREET ADDRESS **2124 NE 123RD STREET, SUITE 208**  
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman / Owner** ☒ Change ☐ Addition  
 NAME **Said Haddad**  
 STREET ADDRESS **2124 NE 123rd Street Suite 208**  
 CITY-ST-ZIP **North Miami FL 33140**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Paul M. Haddad**  
 STREET ADDRESS **2124 NE 123rd Street Suite 208**  
 CITY-ST-ZIP **North Miami FL 33140**

TITLE **Alexis Afonso - Secretary** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **9034 NW 144 Trn**  
 CITY-ST-ZIP **Miami Lakes FL 33018**

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

TITLE ☐ Change ☐ Addition  
 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: **Paul M Haddad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02** **(305) 822-8440**  
 Date Daytime Phone #

CR2E034 (9/01)