

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23096

1. Entity Name

STERLING MANAGEMENT CO., INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90144 025 ***150.00

Principal Place of Business

Mailing Address

1812 SHERMAN ST
HOLLYWOOD FL 33021
US

1812 SHERMAN ST
HOLLYWOOD FL 33020-2123
US

2. Principal Place of Business

2671 E OAKLAND PK BLVD

3. Mailing Address

2671 E OAKLAND PK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLVD



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUD FL

City & State
FT. LAUD FL

4. FEI Number 65-0104145

Applied For
Not Applicable

Zip
33306

Country
USA

Zip
33306

Country
USA

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

LACERTOSA, DOMENICK G.
1812 SHERMAN ST
HOLLYWOOD FL 33021

Name
DOMENICK G. LACERTOSA

Street Address (P.O. Box Number is Not Acceptable)

2671 E OAKLAND PK BLVD

City FT. LAUD

FL

Zip Code 33306

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, 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 PSTD ☐ Delete
NAME LACERTOSA, DOMENICK G
STREET ADDRESS 1812 SHERMAN ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE PSTD ☒ Change ☐ Addition
NAME ~~DOMENICK~~ LACERTOSA, DOMENICK G
STREET ADDRESS 2671 E OAKLAND PK BLVD
CITY-ST-ZIP HOLLYWOOD FL 33306

TITLE D ☒ Delete
NAME LACERTOSA, DOMENICK G.
STREET ADDRESS 1812 SHERMAN ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

4-10-00 954-563-7003

CE 1 014 (9/99)