

FILED
Mar 21, 2003 8:00 am
Secretary of State

02-11-2003 90071 005 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35193

1. Entity Name:
STERLING GRACE CORPORATION



Principal Place of Business
55 BROOKVILLE RD
SUITE 100
GLEN HEAD NY 11545

Mailing Address
55 BROOKVILLE RD
SUITE 100
GLEN HEAD NY 11545
US



2. Principal Place of Business

3. Mailing Address

55 Brookville Road

55 Brookville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Head, NY

City & State

Glen Head, NY

Zip

11545

Country

USA

Zip

11545

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3035226

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

GRACE, JOHN S.
1940 S OCEAN BLVD
MANALAPAN FL 33482

Name: United Corporate Services, Inc.
Street Address: 9200 South Dadeland Blvd.
Suite 508
City: Miami FL 33156

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]
Signature, typed or printed name of registered agent and title if applicable

March 4, 2003

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: D
NAME: GRACE, JOHN S.
STREET ADDRESS: 1940 S OCEAN BLVD
CITY-ST-ZIP: MANALAPAN FL

TITLE: C
NAME: GRACE, JOHN S.
STREET ADDRESS: 1940 S OCEAN BLVD
CITY-ST-ZIP: MANALAPAN FL

TITLE: S
NAME: MARTIN, ANNETTE
STREET ADDRESS: 1940 S. OCEAN BLVD.
CITY-ST-ZIP: MANALAPAN FL

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

Daytime Phone #

CR2E034 (10/02)