

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 027 ****55.00

DOCUMENT # L99000006292

1. Entity Name

STERLING REALTY CAPITAL GROUP LLC

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

One North Clematis St.
 Suite, Apt. #, etc.

One N. Clematis St.
 Suite, Apt. #, etc.

Suite 305
 City & State

Suite 305
 City & State

West Palm Beach, FL

West Palm Beach, FL

Zip *33401* Country *USA*

Zip *33401* Country *USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0952006

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSOY, BRIAN D

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

Name

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

One North Clematis St.

Suite 305

City *West Palm Beach* FL Zip Code *33401*

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **KOSOY, A. D**
 STREET ADDRESS ~~200 PHIPPS PLAZA~~
 CITY-ST-ZIP ~~PALM BEACH FL 33480~~

☒ Change ☐ Addition
 TITLE *One North Clematis St. #305*
 NAME *West Palm Beach, FL 33401*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **KOSOY, BRIAN D**
 STREET ADDRESS ~~200 PHIPPS PLAZA~~
 CITY-ST-ZIP ~~PALM BEACH FL 33480~~

☐ Change ☐ Addition
 TITLE *One North Clematis St. #305*
 NAME *West Palm Beach, FL 33401*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Brian D. Kosoy
BRIAN D. KOSOY, 4-10-02 561-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)