FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Feb 08, 2002 8:00 am M92852 DOCUMENT # **Secretary of State** 1. Entity Name 02-08-2002 90002 048 ***150.00 STERLING REALTY, INC. Principal Place of Business Mailing Address 3535 WINDMILL RANCH RD 3535 WINDMILL RANCH RD FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0068155 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRUPKIN DENIS P Street Address (P.O. Box Number is Not Acceptable) 3535 WINDMILL RANCH ROAD FT LAUDERDALE FL 33331 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE TRUPKIN, DENNIS NAME NAME 3535 WINDMILL RANCH RD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TRUPKIN, LINDA NAME NAME 3535 WINDMILL RANCH ROAD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change—— ☐ Addition-- 🔲 - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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