

6/21

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90007 047 \*\*\*150.00  
 07-24-2001 90039 003 \*\*\*400.00

DOCUMENT # P00000032435

1. Entity Name

MICHAEL M. STERN INSURANCE AGENCY, INC.

LP

Principal Place of Business  
 9552 VERMOSA LANE, NORTH  
 TAMARAC FL 33321

Mailing Address  
 9552 VERMOSA LANE, NORTH  
 TAMARAC FL 33321

2. Principal Place of Business

4747 NOB HILL RD

Suite, Apt. #, etc.

Suite 14

City & State  
SUNRISE FLZip  
33351

Country

3. Mailing Address

4747 NOB HILL RD

Suite, Apt. #, etc.

Suite 14

City & State  
SUNRISE FLZip  
33351

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

651000840

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name: MICHAEL M. STERN  
 Street Address (P.O. Box Number is Not Acceptable):  
 4747 NOB HILL RD Suite 14  
 City: SUNRISE FL Zip Code: 33351

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

MICHAEL M. STERN PRESIDENT

6/14/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	STERN, MICHAEL M	
STREET ADDRESS	9552 VERMOSA LANE, NORTH	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN MICHAEL M.	
STREET ADDRESS	7125 NW 107 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D/V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN DEBRA A.	
STREET ADDRESS	7125 NW 107 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MICHAEL M. STERN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/14/01

Daytime Phone #

954-742-0800

CR2E034 (10/00)