

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036258

1. Entity Name
STERLING REALTY ADVISORS, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90034 017 ***158.75

Principal Place of Business
209 PHIPPS PLAZA
PALM BEACH FL 33480

Mailing Address
209 PHIPPS PLAZA
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1003233		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent MACFARLAND, RICHARD B 7777 GLADES ROAD SUITE 300 BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name: BRIAN D. KOSOY Street Address (P.O. Box Number is Not Acceptable): 209 Phipps Plaza City: Palm Beach FL Zip Code: 33480	
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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: 4-23-01

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KOSOY, BRIAN D.	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 209 Phipps Plaza	CITY-ST-ZIP: Palm Beach, FL 33480	NAME:	
TITLE: VD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MOROSS, GREGORY S.	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 209 Phipps Plaza	CITY-ST-ZIP: Palm Beach, FL 33480	NAME:	
TITLE: VTD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SHREEVE, DAVID J.	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 209 Phipps Plaza	CITY-ST-ZIP: Palm Beach, FL 33480	NAME:	
TITLE: VD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KOSOY, A. DAVID	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 209 Phipps Plaza	CITY-ST-ZIP: Palm Beach, FL 33480	NAME:	
TITLE: VDS <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: JAROSZEWICZ, JAN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 209 Phipps Plaza	CITY-ST-ZIP: Palm Beach, FL 33480	NAME:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 4-23-01 (561) 835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)