## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State P00000036258 DOCUMENT # 1., Entity Name 04-23-2002 90433 048 \*\*\*158 75 STERLING REALTY ADVISORS, INC. Principal Place of Business Mailing Address 209 PHIPPS PLAZA PALM-BEACH FL 33480 PALM BEACH FL 33480 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For 65-1003233 Not Applicable \$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 Name KOSOY, BRIAN D eet Address P.O. Box Number is Not Acceptable) -209 PHIPPS PLAZA CheNATIS PALM BEACH FL 33480 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE □ Delete TITLE KOSOY, BRIAN D NAME ONE N. CLEMATI'S St. - Ste. 305 NAME STREET ADDRESS STREET ADDRESS 209 PHIPPS PLAZA PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE NAME MOROSS, GREGORY S NAME STREET ADDRESS STREET ADDRES <del>209 PHIPPS PLAZA</del> CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 **L**Ghange ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHREEVE, DAVID J STREET ADDRESS STREET ADDRESS 209 PHIPPS PLAZA CITY-ST-ZIP CITY-ST-ZiP PALM-BEACH FL 83400 ☐\_Change ☐ Addition ☐ Delete TITLE TITLE NAME KOSOY, A DAVID NAME 209 PHIPPS PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition **VDS** ☐ Delete TITLE J ROSZEWICZ, JAN NAME STREET ADDRESS 209 PHIPPS PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete TITLE Change ☐ Addition TITLE 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 eath; 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:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dat