2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000062911 STERLING FOUR INTERNATIONAL, INC. 04-30-2001 90087 014 ***150.00 Principal Place of Business Mailing Address 5700 SW 127TH AVE, #1221 5700 SW 127TH AVE. #1221 MIAM! FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address W FLAGIER ST 7891 WFLAGLEX ST 7891 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 349 City & State 4. FEJ Number Applied For MIAMI 65-1023217 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 331 USA ÍSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAFFERTY, WILLIAM L JRESQ Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE, STE 1400 **MIAMI FL 33131** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete SITE Addition NARWANI, RAMESH K NAME NARWANI, RAMESHK STREET ADDRESS 5700 SW 127TH AVE, #1221 STREET ADDRESS 7891 W FLAGLER ST # 349 CITY-ST-ZIP **MIAMI FL 33183** CITY -ST-ZIP MIAMI FC 33144 THILE TITLE Change Addition LOPEZ, ANA M NAME NAME STREET ADDRESS 4011 SW 138TH CT STREET ADDRESS CITY-SY-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7:P Delete. TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MULE Delete THEF ☐ Change Acdition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-ST-ZIP 13. Thereby 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 office: or director of the corporation or the recovery 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

with all other like empowered.

changed, or on an attachment with an address

NARWANI 4