

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90342 004 ***158.75

DOCUMENT # P00000072965

Entity Name
 STERLING HOSPITALITY, INC.

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

~~200 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business

One N. Clematis St.

3. Mailing Address

One North Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach

Zip

Country

Zip

Country

33401

USA

FL

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSOY, BRIAN D

~~200 PHIPPS PLAZA~~

~~PALM BEACH FL 33480~~

Name

Street Address (P.O. Box Number is Not Acceptable)

One N. Clematis St.

Suite 305

City

West Palm Beach FL

Zip Code

33401

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ ☐ Delete
NAME KOSOY, BRIAN D
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ~~VD~~ ☒ Change ☐ Addition
NAME ~~VD~~
STREET ADDRESS One N. Clematis St. - Suite 305
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ~~VD~~ ☐ Delete
NAME MOROSS, GREGORY S
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS Same as Above
CITY-ST-ZIP Same as Above

TITLE ~~DVT~~ ☐ Delete
NAME SHREEVE, DAVID J
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS Same as Above
CITY-ST-ZIP Same as Above

TITLE ~~DV~~ ☐ Delete
NAME COSTELLO, VINCENT J
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS Same as Above
CITY-ST-ZIP Same as Above

TITLE ~~DV~~ ☐ Delete
NAME BERNICK, LARRY
STREET ADDRESS ~~200 PHIPPS PLAZA~~
CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS Same as Above
CITY-ST-ZIP Same as Above

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian D. Kosoy 4-12-01 561-835-1810
 President Date Daytime Phone #

CR2E034 (9/01)