

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000090192**1. Entity Name  
STERLING HEIGHTS TRAINING ACADEMY, INC.

Principal Place of Business	Mailing Address
1065 N.E. 125TH ST., STE. 321	1065 N.E. 125TH ST., STE. 321
NORTH MIAMI FL 33161	NORTH MIAMI FL 33161

2. Principal Place of Business  
1065 N.E. 125TH STREET3. Mailing Address  
P.O. BOX 601545Suite, Apt. #, etc.  
SUITE 321

DO NOT WRITE IN THIS SPACE

City & State  
NORTH MIAMI FLCity & State  
NORTH MIAMI BEACH FL4. FEI Number  
**65-1014056**Applied For  
Not ApplicableZip Country  
33161 USZip Country  
33060 US5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ZILBERMAN DAVID  
1065 N.E. 125TH ST., STE. 321NORTH MIAMI FL  
33161Name  
ZILBERMAN DAVIDStreet Address (P.O. Box Number is Not Acceptable)  
1065 N.E. 125TH STREET

SUITE 321

City FL Zip Code  
NORTH MIAMI 33161

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 **DAVID ZILBERMAN****01/29/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZILBERMAN DAVID	
STREET ADDRESS	1065 N.E. 125TH ST., STE. 321	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input type="checkbox"/> Delete
NAME	ZILBERMAN DAVID	
STREET ADDRESS	1065 N.E. 125TH ST., STE. 321	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILBERMAN DAVID	
STREET ADDRESS	1065 N.E. 125TH STREET SUITE 321	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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: David Zilberman**

PVST

01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)