

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 021 ***150.00

DOCUMENT # **P01000043218**

1. Entity Name

STERLING INTERNATIONAL INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE

80064430

2. Principal Place of Business

7771 N. OAKLAND PK BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 122

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

74-3033680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Marc H. Brawer

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

1739 Vestal Way

City

Coral Springs

FL

Zip Code

33071

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, type, or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

Marc H. Brawer

DATE

4/2/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MARC H. BRAWER P/T/D
1739 Vestal Way
Coral Springs FL 33071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**JACK MATATOF V/S/D
4397 N. Pine Island Rd
SUNRISE FL 33351**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Marc H. Brawer

Date

4/2/02 954

Daytime Phone

749 6066

CR2E034B (12/01)