

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056611

1. Entity Name
DEWITT STERN OF FLORIDA, INC.



FILED

03 APR 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13899 BISCAYNE BLVD. SUITE 311
N. MIAMI BEACH FL 33181

Mailing Address
13899 BISCAYNE BLVD. SUITE 311
N. MIAMI BEACH FL 33181

2. Principal Place of Business
420 Lexington Ave

3. Mailing Address
420 Lexington Ave

Suite, Apt. #, etc.

27th Floor

Suite, Apt. #, etc.

27th Floor

City & State

New York NY

City & State

New York NY

Zip

10170

Country

USA

Zip

10170

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3827811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRESSI-CILONA, CAROL A
3370 N.E. 190 STREET #1506
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

Carla Lohi

Asst. Vice President

4-23-03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STERN, JOLYON F
STREET ADDRESS 420 LEXINGTON AVENUE #2720
CITY-ST-ZIP NEW YORK NY 10170

☐ Delete

TITLE D
NAME HOCHFELSEN, JAY J
STREET ADDRESS 420 LEXINGTON AVENUE #2720
CITY-ST-ZIP NEW YORK NY 10170

☐ Delete

TITLE D
NAME BRESSI-CILONA, CAROL A
STREET ADDRESS 3370 N.E. 190 STREET #1506
CITY-ST-ZIP MIAMI FL 33180

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600018454806

05/07/03--01071--011 **150.00

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

212 297 1475

Daytime Phone #

CR2E034 (10/02)

031536
AV