

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 033 ***150.00

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1. Entity Name
THE STERN REALTY GROUP INC.



Principal Place of Business
~~5774 PINE TREE DRIVE~~
~~MIAMI BEACH FL 33149~~

Mailing Address
5774 PINE TREE DRIVE
MIAMI BEACH FL 33140



2. Principal Place of Business
930 WASHINGTON AVE

3. Mailing Address
Suite, Apt. #, etc. **208**

CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH

City & State

4. FEI Number
11-3659679

Applied For
 Not Applicable

Zip
33139

Country
USA

Zip
Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABEZA, MANUEL R MR.
1765 BIARRITZ DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE _____ (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 P	<input type="checkbox"/> Delete
NAME CABEZA, MANUEL R MR.	
STREET ADDRESS 1765 BIARRITZ DRIVE	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE VP	<input type="checkbox"/> Delete
NAME JARDINEZ, ANA	
STREET ADDRESS 5820 SW 38TH STREET	
CITY-ST-ZIP MIAMI FL 33155	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MANUEL CABEZA	
STREET ADDRESS 5774 PINE TREE DRIVE	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILBERT GARCIA	
STREET ADDRESS 930 WASHINGTON AVE	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE PROSIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL STERN	
STREET ADDRESS 930 WASHINGTON AVE # 208	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBERT GARCIA	
STREET ADDRESS 930 WASHINGTON AVE # 208	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Date: **3/28/03** Daytime Phone #

CR2E034 (10/02)