

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000022869

1. Entity Name  
STERNS GROUP, INC.



FILED

04 NOV -2 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
46 S.W. FIRST ST., FOURTH FLOOR  
MIAMI, FL 33130

Mailing Address  
46 S.W. FIRST ST., FOURTH FLOOR  
MIAMI, FL 33130

2. Principal Place of Business  
161 MADEIRA

3. Mailing Address  
161 MADEIRA

Suite, Apt. #, etc.  
# 99

Suite, Apt. #, etc.  
# 99

11012004

REIN-P

CR2E098 (6/04)

MRD

City & State  
CORAL GABLES

City & State  
CORAL GABLES

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33134

Country

Zip  
33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, KEITH D  
46 S.W. FIRST ST., FOURTH FLOOR  
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name  
RICARDO ELORTEGUI

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

161 MADEIRA

City  
CORAL GABLES

FL

Zip Code

33134

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

*[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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
VAZQUEZ, ROLANDO C  
3211 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
ELORTEGUI, RICARDO  
3211 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
New Address Only ☐ Change ☐ Addition  
161 MADEIRA SUITE # 99  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
New Address ☐ Change ☐ Addition  
161 MADEIRA SUITE # 99  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500042767675  
11/16/04--01018--011 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

REINSTATEMENT

04

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #