

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081807

1. Entity Name

STERLING RECORDS MANAGEMENT, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 020 ***150.00

Principal Place of Business

7616 NW 6TH AVE.
 BOCA RATON FL 33487

Mailing Address

7616 NW 6TH AVE.
 BOCA RATON FL 33487-1319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0486939**

Applied For

Not Applicable

5. 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

THE PRENTICE-HALL CORPORATION SYSTEM INC
 1201 HAYS STREET SUITE 105
 TALLAHASSEE FL 32301

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.

SIGNATURE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ROSEN, EUGENE H	
STREET ADDRESS	128 LITCHFIELD ROAD	
CITY-ST-ZIP	NEW MILFORD CT 06776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MC GEE, MICHAEL S	
STREET ADDRESS	128 LITCHFIELD ROAD	
CITY-ST-ZIP	NEW MILFORD CT 06776	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEINSTEIN, BRUCE	
STREET ADDRESS	128 LITCHFIELD ROAD	
CITY-ST-ZIP	NEW MILFORD CT 06776	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVEN, SARAH	
STREET ADDRESS	7616 NW 6TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
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"/> 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH E. EVEN

4/24/00

Date

561-241-1252

Daytime Phone #

CR2E034 (9/99)