

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90366 024 ***150.00

DOCUMENT # P94000081807

1. Entity Name

STERLING RECORDS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~7616 NW 6TH AVE.~~
~~BOCA RATON FL 33487~~

~~7616 NW 6TH AVE.~~
~~BOCA RATON FL 33487~~

2. Principal Place of Business

1220 SW 35th AVE

3. Mailing Address

1220 SW 35th AVE

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

BOYNTON BEACH, FLA

City & State

BOYNTON BEACH, FLA

Zip

33426

Country

USA

Zip

33426

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and effects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1220 SW 35 th AVE
CITY - ST - ZIP	BOYNTON BEACH, FL 33426
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	

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 EVEN, V.P.

4/23/01 561-744-4132

Date

Daytime Phone #

CR2E034 (10/00)