

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027208

1. Entity Name

STERLING MORTGAGE CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 047 ***150.00

Principal Place of Business

16100 NE 16TH AVENUE
NO MIAMI BEACH FL 33162

Mailing Address

16100 NE 16TH AVENUE
NO MIAMI BEACH FL 33162

2. Principal Place of Business

16400 NE 30 Avenue
Suite, Apt. #, etc.

3. Mailing Address

16400 NE 30 Avenue
Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0653684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKELL-RAFFERTY, FRAN
16100 NE 16TH AVENUE
NO MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Berkell-Rafferty, Fran

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

16400 NE 30 Avenue

City

N. Miami Beach, FL

FL

Zip Code

33160

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

Fran Berkell-Rafferty, Fran Berkell-Rafferty

4/20/2001

(Signature, typed or printed name of registered agent and date applicable)

(NOTE: Registered Agent signature required when re-registering)

(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, 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	PD	<input type="checkbox"/> Delete
NAME	BERKELL, GERALD S	
STREET ADDRESS	16100 NE 16TH AVENUE	
CITY-ST-ZIP	NO MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERKELL-RAFFERTY, FRAN	
STREET ADDRESS	16100 NE 16TH AVE	
CITY-ST-ZIP	MIAMI FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berkell, Gerald S.	
STREET ADDRESS	16400 NE 30 Ave.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Berkell-Rafferty, Fran	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berkell-Rafferty, Fran	
STREET ADDRESS	16400 NE 30 Avenue	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Fran Berkell-Rafferty, Fran Berkell-Rafferty 4/20/2001 305-949-8547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)