

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90125 015 ***150.00

0254028 AV

DOCUMENT # P96000027208

1. Entity Name
STERLING MORTGAGE CORP.

Principal Place of Business
 16400 NE 30 AVENUE
 NORTH MIAMI BEACH FL 33160

Mailing Address
 16400 NE 30 AVENUE
 NORTH MIAMI BEACH FL 33160



2. Principal Place of Business
 1463 S.W. 156 Way
 Suite, Apt. #, etc.

3. Mailing Address
 1463 S.W. 156 Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Pembroke Pines, FL

City & State
 Pembroke Pines, FL

4. FEI Number
 65-0653684

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

6. Name and Address of Current Registered Agent
 BERKELL-RAFFERTY, FRAN
 16400 NE 30 AVENUE
 NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent
 Name: Gerald S. Berkell
 Street Address (P.O. Box Number is not Acceptable): 1463 S.W. 156 Way
 City: Pembroke Pines, FL Zip Code: 33027

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 *Gerald S. Berkell* *Gerald S. Berkell* *?*
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 After May 1, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKELL, GERALD S		NAME		
STREET ADDRESS	16400 NE 30 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKELL-RAFFERTY, FRAN		NAME		
STREET ADDRESS	16400 NE 30 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Gerald S. Berkell* *Gerald S. Berkell* *954-442-1945*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)