

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039790

1. Entity Name

STIRLING ROAD ASSOCIATES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90023 024 ***150.00

Principal Place of Business

Mailing Address

6001 SW 45TH STREET
DAVIE FL 33314

6001 SW 45TH STREET
DAVIE FL 33331-3479

2. Principal Place of Business

15922 S.W. 61 STREET

3. Mailing Address

15922 S.W. 61 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0672700

Applied For

Not Applicable

Zip

33331

Country

U.S.A.

Zip

33314

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMECEK, RONALD L
6001 SW 45TH STREET
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

RONALD L. TOMECEK

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

5901 S.W. 44 STREET

City

DAVIE,

FL

Zip Code

33314

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMECEK, RONALD L	
STREET ADDRESS	6001 SW 45TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, PAUL E	
STREET ADDRESS	6001 SW 45TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HIRSCH, ROBERT H	
STREET ADDRESS	6001 SW 45TH STREET	
CITY-ST-ZIP	DAVIE FL 33314	
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	RONALD L. TOMECEK	
STREET ADDRESS	5901 S.W. 44 STREET	
CITY-ST-ZIP	DAVIE, FL. 33314	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL E. GOLDSTEIN	
STREET ADDRESS	15922 S.W. 61 STREET	
CITY-ST-ZIP	DAVIE, FL 33331	
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)(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

1-26-00

Date

954-316-9098

Daytime Phone #

CR2E034 (9/99)