200	1 UNIFORM BUSI	NESS REPO	RT (UB	R)	•			
DOCUMENT # P96000084248 1. Entity Name					FILED			
STERLING TECHNOLOGY GROUP, INC.					01 JUL -6 AM	11:08		
Principal Place of Business 14750 N.W. 77th Court Ste 330		Mailing Address 14750 N.W. 77th Court Ste 330			SECRETARY OF TALLAHASSEE,	FLORIDA		I
Miami Lakes, Florida 33016 Miami Lakes, Fl			florida 33	016	X ·			
2. Principal Place of Business 8000 Governors Square Blvd. Suite, Apt #, etc. Suite 200		3. Mailing Address 2 S. Biscayne Blvd. Suite, Apt. #. etc. Suite 3400			DO NOT WRITE	IN THIS SP	ACE	
City & Sta		City & State Miami, Florida			4. FEI Number 65–0689901	<u>} </u>		plied For
Zip 33016	Country	Zip 33131	Country USA		5. Certificate of Status Desired		8.75 Add	
33010	6. Name and Address of Current R		ODA	-	7. Name and Address of New Re	<u>'</u>	e Require	<u> </u>
Valdes-Fauli Corporate Services, Inc.			Name					
2 S. Biscayne Blvd., Suite 3400 Miami, Florida 33131				Address (P.C	Box Number is Not Acceptable)			
	,		City			FL	Zip Code	e
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, Repotered Agent signature required when renstating) DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Comparison of the comparis			the second secon	550.00	10. Election Campaign Finar Trust Fund Contribution	ncing		O May Be I to Fees
11,	OFFICERS AND D	RECTORS	12.	a, a company are	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart, John 19311 N.W. 89th Court Miami, Florida 33015	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	19311	rt, John N.W. 89th Court Florida 33015	. [Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLS NAME STREET ADDRESS CITY-ST-UP		800004 -07/16/ ****55	1757 0101 0.00] Change -4 S - 011(****5	□ Addition
TITLE NAME ¢STREET ADDRESS , CITY-ST-ZIP		☐ Celete	DITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Oelste	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C] Change	☐ Addition

13. I hereby certify that the information supplied with this bijng 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:

John Stewart July 5, 2001 (305) 819–1804