

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90265 013 ***150.00

DOCUMENT # P97000032721

1. Entity Name
STERLING PHARMACY CORPORATION

Principal Place of Business 5650 STIRLING RD. HOLLYWOOD FL 33021	Mailing Address 5650 STIRLING RD. HOLLYWOOD FL 33021-1553
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0743184** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GOTTLIEB, IRWIN
5650 STIRLING RD.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Pres	<input type="checkbox"/> Delete
NAME GOTTLIEB, IRWIN	
STREET ADDRESS 3501 N. KEYSER, #11	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE S	<input type="checkbox"/> Delete
NAME GOTTLIEB, FRANCINE	
STREET ADDRESS 3501 N. KEYSER, #11	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VP	<input type="checkbox"/> Delete
NAME FINKELSTEIN, WENDY	
STREET ADDRESS 5801 SW 37 TERRACE	
CITY-ST-ZIP FT LAUDERDALE FL 33312	
TITLE VP	<input type="checkbox"/> Delete
NAME FRANK MARCOLINO	
STREET ADDRESS 145 NW 156th Lane	
CITY-ST-ZIP Pembroke Pines Fl 33028	
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/15/00** Daytime Phone #: **(954) 893-1710**

CR2E034 (9/99)