2006 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED DOCUMENT # **P97000039762** May 11, 2000 8:00 am STERLING VII FLORIDA, INC. Secretary of State 05-11-2000 90007 021 ***158.75 Principal Place of Business Mailing Address C 209 PHIPPS PLAZA 209 PHIPPS PLAZA PALM BEACH FL 33480-4241 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State · 4. FEI Number Applied For City & State 65-0748317 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOSOY, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 209 PHIPPS PLAZA PALM BEACH FL 33480 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition DP Change ☐ Delete TITLE KOSOY, BRIAN D NAME STREET ADDRESS STREET ADDRESS 209 PHIPPS PLAZA CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Gregory 5. Moross Change DA 209 Phipps PLAZA PALM BEACH, PL 33480 TITLE STILLER, DUANE J NAME STREET ADDRESS STREET ADDRESS 209 PHIPPS PLAZA CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 DVS TITLE TITLE BEAULIEU. DENIS NAME NAME 209 PHIPPS PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☐ Addition Delete TITLE MARCHESSAULT, GERI NAME NAME STREET ADDRESS STREET ADDRESS 209 PHIPPS PLAZA CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE 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.

OFFICER OR DIRECTOR