2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039762 1. Entity Name

FILED Apr 23, 2002 8:00 am Secretary of State

STERLIN	IG VII FLORIDA, INC.	_			04-23-20	02 90433 008 **	*158.75	
-200 PHIPPS	DLAZA H FL 33480	Mailing Address 200 PHIPPS PLAZA PALM BEACH FL 33480) BELLI BELLI BELEB LILLE ISLIN	נו בוולם פופבו נו	וכחו וחו
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			Lenatis		DO NOT WRITE IN THIS SPACE			
City & Sta Vest	Country	City & State City & State Lest Palm Zip 3340/	Beac Country USA	H, FL	FEI Number 65-07483 Certificate of Status Desired		Applied Not Appl Additional	licable
KOSOY, BRIAN D 200 PHIPPS PLAZA PALM BEACH FL 33489 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.							0/	
9. This corp Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 200; Make Check Payable	Registered Agent signa FEE IS \$150. Fee will be \$1 to Department	ture required when .00 .550.00 .t of State	reinstating) 10. Election Campaign I Trust Fund Contribu	DATE Financing tion.	55.00 May	es
111. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P KOSOY, BRIAN D 209 PHIPPS PLAZA - PALM BEACH FL 33480-	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		W. Chema.			
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ITLE IAME TREET ADDRESS	DVS- BEAULIEU, DENIS 209 PHIPPS PLAZA PALM BEACH FL 33480	Uelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, □ Cha	nge 🗖 Ad	ddition
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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 OFFICE

561-835-1810