

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051711

1. Entity Name

STERLING ONE INVESTMENTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90790 035 ***158.75

Principal Place of Business

2520 SW 22 STREET
SUITE 2308
MIAMI FL 33145

Mailing Address

2520 SW 22 STREET
SUITE 2308
MIAMI FL 33145-3438

2. Principal Place of Business

9531 SW 49 ST

Suite, Apt. #, etc.

3. Mailing Address

9531 SW 49 ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-0765277

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS
2520 SW 22 STREET
SUITE 2308
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

CARLOS MARTINEZ

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

9531 SW 49 ST

City

Miami

FL

Zip Code

33165

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.

CARLOS M. MARTINEZ

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	PT	<input type="checkbox"/> Delete
NAME	DIAZ, PLACIDO	
STREET ADDRESS	520 BEACON BLVD	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS	
STREET ADDRESS	331 SW 20 ROAD	
CITY-ST-ZIP	MIAMI FL 33145	
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		
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	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS MARTINEZ	
STREET ADDRESS	9531 SW 49 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
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:

CARLOS M. MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

305-274-1242
Daytime Phone #

CR2E034 (9/99)