

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082819

1. Entity Name
STERLING TIME COMPANY

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 031 ***550.00

Principal Place of Business

1845 NE 146TH STREET
NORTH MIAMI BEACH FL 33181-1423

Mailing Address

1845 NE 146TH STREET
NORTH MIAMI BEACH FL 33181-1423

2. Principal Place of Business

5701 Hollywood Blvd.

3. Mailing Address

6455 East Johns Crossing

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

285-Suite

City & State

Hollywood, FL

City & State

Duluth, GA

Zip

33021

Country

Zip

30097

Country

Fulton

4. FEI Number

65-0787495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AADAL, SCOTT
1845 NE 146TH ST
N. MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name

Scott Aadal

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

5701 Hollywood Blvd. Suite A

City

Hollywood

FL

Zip Code
33021

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.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	AADAL, SCOTT	
STREET ADDRESS	2404 NE 135TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33181	
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	P/VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aadal Scott	
STREET ADDRESS	5701 Hollywood Blvd. Ste. A	
CITY-ST-ZIP	Hollywood, FL 33021	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-07-00 888-367-8591

CR 10034 (5/00)

Attachment
07/24/00 82819
07/24/00
TCS

Industry Leaders in Regulatory Services

Telecom Compliance Services, Inc.
6455 East Johns Crossing, Suite 285
Duluth, GA 30097
phone (678) 775-2244
fax (678) 775-2254

**INSTRUCTIONS FOR FILING
THE STATE OF FLORIDA
UNIFORM BUSINESS REPORT**

- 1) The report must be signed by an officer of the corporation.
- 2) Please return the report and a check for \$550.00 to the:

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

NOTE: Make check payable to the Florida Department of State.

The attached report is due by: **9/13/00**

The attached report was completed and reviewed by: **Rhiannon Ludlow, Compliance Analyst**

If you have any questions regarding the attached report, please contact me directly.