2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084982

1. Entity Name DEDNIADD OTEDNIDED



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90823 037 ***158.75

DENIVAN	D STERNBERG, P.A.					
9893 N. GRAND DUKE CIRCLE 9893 N.		Mailing Address 9893 N. GRAND DUKE TAMARAC FL 33321	CIRCLE			
2. Principal Place of Business 3. Mailing Add						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES	
City & State		City & State		4. FEI Number 65-0784203	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered	<u>'</u>	
STERNBERG, BERNARD			Name	Name		
	GRAND DUKE CIRCUS		Street Address	s (P.O. Box Number is Not Acceptable)		
	C FL 33321					
·			City	FL	Zip Code	
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am	familiar with, and accept	
	• •					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Department			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME	DP Sternberg, Bernard	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	9893 N. GRAND DUKE CIRCLE		NAME Street address			
CITY-ST-ZIP	TAMARAC FL 33321 .		CITY-ST-ZIP			
NAME :		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	·	•	NAME STREET ADDRESS		{	
CITY-ST-ZIP -		~_ <u>-</u>	CITY-ST-ZIP			
TITLE	·-	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME		<u> </u>	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
VI LII			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. STEANGERG

SIGNATURE:

4-741-6200