

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 14, 2001 8:00 am
Secretary of State

02-27-2001 90335 033 ***150.00

DOCUMENT # P98000046780
 1. Entity Name
STIRLING APARTMENTS II, INC.

Principal Place of Business 1130 WASHINGTON AVE., 4TH FLOOR MIAMI BCH FL 33139	Mailing Address 1130 WASHINGTON AVE., 4TH FLOOR MIAMI BCH FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROJO, FRANCISCO 1130 WASHINGTON AVE., 4TH FLOOR MIAMI BCH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D SALAND, ROBERT <input type="checkbox"/> Delete	TITLE NAME Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME Francisco Rojo	TITLE NAME Miami Beach, FL 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1130 WASHINGTON AVE., 4TH FLOOR	STREET ADDRESS 1130 Washington Avenue, 4th Floor	STREET ADDRESS 1130 Washington Avenue, 4th Floor	STREET ADDRESS 1130 Washington Avenue, 4th Floor
CITY-ST-ZIP MIAMI BCH FL 33139	CITY-ST-ZIP MIAMI BCH FL 33139	CITY-ST-ZIP MIAMI BCH FL 33139	CITY-ST-ZIP MIAMI BCH FL 33139
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	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.

SIGNATURE: Francisco Rojo 1/30/01 (305) 538-9552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)