

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90342 007 \*\*\*158.75

**DOCUMENT # P98000093192**

1. Entity Name  
**STERLING 45TH STREET, INC.**

Principal Place of Business

Mailing Address

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

~~209 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**One N. Clematis St.**

**One N. Clematis St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 305**

**Suite 305**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401 USA**

**33401 USA**

4. FEI Number **65-0874174**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSOY, BRIAN D**

~~209 PHIPPS PLAZA~~

~~PALM BEACH FL 33400~~

Name

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

**One N. Clematis St. - Ste. 305**

City

FL

Zip Code

**West Palm Beach, FL 33401**

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KOSOY, BRIAN 209 PHIPPS PLAZA PALM BEACH FL 33400</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MOROSS, GREGORY S 209 PHIPPS PLAZA PALM BEACH FL 33400</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SHREEVE, DAVID J 209 PHIPPS PLAZA PALM BEACH FL 33400</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COSTELLO, VINCENT J 209 PHIPPS PLAZA PALM BEACH FL 33400</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One N. Clematis St. - Ste. 305 West Palm Beach, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same as Above</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same as Above</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same as Above</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Brian D. Kosoy 4-12-02 561-835-1810**  
 Date Daytime Phone #

CR2E034 (9/01)