

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90209 017 \*\*\*150.00

**DOCUMENT # P98000098782**

1. Entity Name

**THE STERLING RESOURCES GROUP, INC.**

Principal Place of Business

Mailing Address

**2132 BAYVIEW DR  
FORT LAUDERDALE FL 33305****2132 BAYVIEW DR  
FORT LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0878690**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STERLING, CYD  
2132 BAYVIEW DR  
FORT LAUDERDALE FL 33305**

Name

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

City

**FL**

Zip Code

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D</b>		<input type="checkbox"/> Delete		<b>P</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>STERLING, CYD</b>				<b>Neil Sterling</b>		
	<b>7809 W. COMMERCIAL BLVD</b>				<b>2132 Baynew Drive</b>		
	<b>TAMARAC FL 33351</b>				<b>Ft Lauderdale FL 33305</b>		
			<input type="checkbox"/> Delete		<b>D/T/S</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					<b>Cyd Sterling</b>		
					<b>7809 W. Commercial Blvd.</b>		
					<b>Tamarac FL 33351</b>		
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/01****954-566-2670**

CR2E034 (10/00)