2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000098782

1. Entity Name

THE STERLING RESOURCES GROUP, INC.



FILED Jun 11, 2003 8:00 am Secretary of State

06-11-2003 90059 036 ***550.00

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Principal Plac	e of Busines:	5	Mailir	ng Address							
2132 BAYVIEW DR			2132 BAYVIEW DR			-					
FORT LAUDER	IDALE FL 333	05	FORT LAUDERDALE FL 33305			1					
2 Principal P	lace of Busin	1000	3 Ma	. Mailing Address			-{				
2. Principal Place of Business 3. Mailing Ad				ining Address	Address						
Suite, Apt. #, etc. Suite, Apt			te, Apt. #, etc.	Apt. #. etc.							
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City & State			City & State			4.	FEI Number 65-0878690	A	pplied For		
		<u> </u>					00-0010090	No	ot Applicable		
Zip		Country	Zip		Coun	try	5.	Certificate of Status Desired	\$8.75 Add		
	1			·	Ĺ	Fee Required					
	6. Name	and Address of Current	Register	ed Agent		7. Name and Address of New Registered Agent					
STERLING, CYD						ivarie .					
				Street Address			(P.O. E	(P.O. Box Number is Not Acceptable)			
2132 BAY		TI 0000E									
FUKI LAU	iderdale 1	rl 33303				_	_				
						City		F	Zip Cod	le	
8 The above	named entity	v submits this statement fo	r the purr	one of changing ite	ragistar	d office or regists	ared an	gent, or both, in the State of Florida. I an		and accept	
	ions of regist		i me bart	JOSE OF CHANGING NS	registere	ed office of registe	aeu ay	gent, or both, in the State of Florida. Tar	i rairiilar wiiri,	and accept	
			-	,						ì	
SIGNATURE .	Signature typed	or printed name of registered agent a	and title if an	plicable (NOTI	F- Registerer	d Agent signature require	ad when re	einstating) DATE		 - [
				1		- Gorif dignator rodans		7			
		! FEE IS \$150.00						9. Election Campaign Financing	\$5.0	May Be	
		03 Fee will be \$550.00 • Florida Department of	State					Trust Fund Contribution.		to Fees	
		<u> </u>		NDC NDC	111		^_	DDITIONS (CHANGES TO OFFICES AN	ID DIDECTOR	CINI 11	
10.	Ď.	OFFICERS AND	DIRECTO		11.	 - - - - - - - - 	AL	DDITIONS/CHANGES TO OFFICERS AN			
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		NEW DRIVE			STRE	ET ADDRESS				}	
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		OMMERCIAL BLVD			•	ET ADDRESS				}	
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CITY-ST-ZIP		· ·		. •		-ST-ZIP				}	
	ertify that the	information supplied with	thie filing	does not qualify for			ootion	119 07(3)(i) Florida Statutae I further o	artify that the is	oformation	

indicated on this report or supplier with the information of the exemption stated in section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

SIGNATURE:

LATURE RESUMED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #