

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000108066**1. Entity Name
SENTRY RESOURCE MANAGEMENT, INC.

Principal Place of Business

204 ARAGON AVENUE

CORAL GABLES

33134

FL

Mailing Address

204 ARAGON AVENUE

CORAL GABLES

33134

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0892144

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENBERG BARRY N.
% MISHAN, SLOTO, GREENBERG, HELLINGER
200 S. BISCAYNE BLVD., SUITE 2350
MIAMI FL
331312328 US

7. Name and Address of New Registered Agent

Name
ARONOWITZ JUDD ESQ
Street Address (P.O. Box Number is Not Acceptable)
% MALLAH BLAKER ARONOWITZ & STARLING
15501 NEW BARN ROAD, NO. 207
City MIAMI LAKES FL Zip Code
33014

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 **JUDD ARONOWITZ****04/01/2001**

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

TITLE	D	Delete
NAME	STERN ROBERT H	<input type="checkbox"/>
STREET ADDRESS	204 ARAGON AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	Change	Addition
NAME	STERN ROBERT H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	204 ARAGON AVE		
CITY-ST-ZIP	CORAL GABLES FL 33134		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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: **Robert H. Stern**

Pres

04/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)