

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108333

1. Entity Name

STERLING PROPERTIES OF SOUTH FLORIDA INC

Principal Place of Business

Mailing Address

101 SW 8TH AVE

~~101 SW 8TH AVE~~

FT LAUDERDALE FL 33004 ~~FT LAUD FL 33004~~

2. Principal Place of Business

3. Mailing Address

900 E. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 17

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33060

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN D. STUPAKITZ
900 E. ATLANTIC BLVD
STE 17
POMPANO BEACH FL 33060

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	F. E. GREENWELL	
STREET ADDRESS	101 SW 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33004	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ROBERT R. TALBOTT	
STREET ADDRESS	101 SW 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 R. Talbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90436 040 ***150.00

00057518

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

5-4-00

454-783-5030