

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021398

i. Entity Name

STERLING X FLORIDA, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 020 ***158.75

Principal Place of Business

Mailing Address

PHIPPS PLAZA
 BEACH FL 33480

209 PHIPPS PLAZA
 PALM BEACH FL 33480-4241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0908150

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

ROSEN, MARVIN S
 222 LAKEVIEW AVE., STE. 800
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

BRIAN D. KOSOV

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

209 PHIPPS PLAZA

City

Palm Beach, FL

Zip Code

33480

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)

BRIAN D. KOSOV

DATE

4-20-00

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

TITLE PD
 NAME BRIAN D. KOSOV ☐ Delete
 STREET ADDRESS 209 PHIPPS PLAZA
 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE YDS
 NAME GREGORY S. MOROSS ☐ Delete
 STREET ADDRESS 209 PHIPPS PLAZA
 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VDT
 NAME GERRI MARCHESSAULT ☐ Delete
 STREET ADDRESS 209 PHIPPS PLAZA
 CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN D. KOSOV

President

4-20-00

Date

Daytime Phone #

561-835-1810

CR2E034 (9/99)