

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90181 007 \*\*\*150.00

00050336

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000033516**  
1. Entity Name  
**Sterling Yacht + Ship Builders, Inc**

Principal Place of Business Mailing Address  
**2565 NE 26<sup>th</sup> Terrace**  
**Fort Lauderdale, FL 33305**

2. Principal Place of Business 3. Mailing Address  
**Broward County** **Same as Above**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Same as Above**  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0912978** Applied For  
Not Applicable  
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  
Name **Sterling Yacht + Ship**  
Street Address (P.O. Box Number is Not Acceptable)  
**2565 NE 26 Terr**  
City **Fort Lauderdale** **FL** Zip Code **33305**

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 **Steven Levin** **4-20-00**  
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                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | 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: **Steven Levin** **4-20-00** **954-566-7788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)