FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Feb 11, 2002 8:00 am DOCUMENT # P99000095589 **Secretary of State** 1. Entity Name STERLING WORTH CAFE, INC. 02-11-2002 90090 045 ***150.00 Principal Place of Business Mailing Address 801 S. UNIVERSITY DRIVE 801 S. UNIVERSITY DRIVE BLDG. C-126 BLDG, C-126 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0957876 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLAIRE, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 7280 W. PALMETTO PARK ROAD SUITE 106 Zip Code **BOCA RATON FL 33133** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01) ☐ Addition Change TITLE TITLE ☐ Delete 801 S. University Dr. C-126 Plantation, FL 33324 NAME NAME CESARELLO, NICHOLAS CR2E034 STREET ADDRESS STREET ADDRESS 3271 NW 64TH STREET CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP Delete TITLE TITLE NAME NAME CESARELLO, VIRGINIA STREET ADDRESS STREET ADDRESS 8271 NW 64TH STREET CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 83498 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE ☐ 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 acquirate 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 empowed to execute this port as required by Engage 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ICER OR DIRECTO