

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099735

1. Entity Name

STERN-POWELL FINE ART & ANTIQUES, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90044 036 \*\*\*150.00

Principal Place of Business

1425 SOUTH ANDREWS AVENUE  
SUITE 175  
FORT LAUDERDALE FL 33316

Mailing Address

1425 SOUTH ANDREWS AVENUE  
SUITE 175  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

444 VICTORIA TER  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7474  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE, FL

Zip  
33301

Country  
USA

City & State  
FORT LAUDERDALE, FL

Zip  
33338

Country  
USA

4. FEI Number  
65-0974027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, ROBERT P  
1425 SOUTH ANDREWS AVENUE  
SUITE 175  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: STERN, ROBERT P  
Street Address (P.O. Box Number is Not Acceptable)  
444 VICTORIA TER  
City: FORT LAUDERDALE FL 33301

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 *R.P. Stern*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
APRIL 27, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *R.P. Stern* R.P. STERN 4/27/01 954-560-2174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)