

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90136 020 \*\*\*150.00

DOCUMENT # P99000106713

1. Entity Name  
**STERNLIEB HOLDINGS, INC.**



Principal Place of Business  
**6608 MAYNADA STREET  
CORAL GABLES FL 33146**

Mailing Address  
**6608 MAYNADA STREET  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

**3088 Birkdale DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft. Lauderdale, FL**

Zip

Country

Zip

Country

**33332**

4. FEI Number **65-0982402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERNLIEB, HENRY  
6608 MAYNADA STREET  
CORAL GABLES FL 33146**

Name

**Edward Sternlieb**

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

**3088 Birkdale DR**

City

**FT. Lauderdale**

FL

Zip Code

**33332**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWARD STERNLIEB,**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete  
NAME **STERNLIEB, HENRY**  
STREET ADDRESS **6608 MAYNADA**  
CITY-ST-ZIP **MIAMI FL 33146**

TITLE ☒ Change ☐ Addition  
NAME **Edward Sternlieb**  
STREET ADDRESS **3088 Birkdale DR**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33332**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**

Date

**305-667-9884**

Daytime Phone

CR2E034 (10/02)