

200Q UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000110593**

1. Entity Name

STERLING COMPANIES OF PALM BEACH, INC.**FILED****May 11, 2000 8:00 am**
Secretary of State

05-11-2000 90007 030 ***158.75

Principal Place of Business

**209 PHIPPS PLAZA
PALM BEACH FL 33480**

Mailing Address

**209 PHIPPS PLAZA
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0970440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Brian D. Kosoy

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. Kosoy**4-24-00**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD	NAME Brian D. Kosoy	<input type="checkbox"/> Delete
STREET ADDRESS 209 Phipps Plaza		
CITY-ST-ZIP Palm Beach, FL 33480		
TITLE VSD	NAME Gregory S. Moross	<input type="checkbox"/> Delete
STREET ADDRESS 209 Phipps Plaza		
CITY-ST-ZIP Palm Beach, FL 33480		
TITLE 1/D	NAME Beli Marchessault	<input type="checkbox"/> Delete
STREET ADDRESS 209 Phipps Plaza		
CITY-ST-ZIP Palm Beach, FL 33480		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

4-24-00
561-835-1810