

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # S37470**1. Entity Name
STERLING HEIGHTS PROTECTION AGENCY INC.

Principal Place of Business	Mailing Address
1065 NE 125TH ST.	1065 NE 125 ST.
STE. 209	STE. 209
NORTH MIAMI	N. MIAMI
33161	33161
US	US
FL	FL

2. Principal Place of Business	3. Mailing Address
1065 N.E. 125TH STREET	P.O. BOX 601545

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 321	

City & State	City & State
NORTH MIAMI	NORTH MIAMI BEACH
FL	FL

Zip	Country	Zip	Country
33161	US	33060	US

4. FEI Number	Applied For
65-0256373	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZILBERMAN, JAFFA
1065 NE 125 STREET
SUITE 209
NORTH MIAMI
33161

US

FL

7. Name and Address of New Registered Agent

Name
ZILBERMAN JAFFA

Street Address (P.O. Box Number is Not Acceptable)
1065 N.E. 125TH STREET

SUITE 321

City
NORTH MIAMI

FL

Zip Code
33161

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 **JAFFA ZILBERMAN****01/29/2001**

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, 2001 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	PTS	<input type="checkbox"/> Delete
NAME	ZILBERMAN, JAFFA	
STREET ADDRESS	1065 NE 125 STREET SUIT E209	
CITY-ST-ZIP	NORTH MIAMI	FL
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILBERMAN JAFFA	
STREET ADDRESS	1065 N.E. 125TH STREET SUITE 321	
CITY-ST-ZIP	NORTH MIAMI	FL 33161
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jaffa Zilberman**PVST****01/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)