

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91152 041 \*\*\*150.00

0357055 AV

**DOCUMENT # V16499**

1. Entity Name  
**PAUL STICHTER ENTERPRISES, INC.**



Principal Place of Business  
**11085 NW 9 CT.  
PLANTATION FL 33324  
US**

Mailing Address  
**11085 NW 9 CT.  
PLANTATION FL 33324  
US**

2. Principal Place of Business

**13834 NW 22<sup>ND</sup> CT**

3. Mailing Address

**13834 NW 22<sup>ND</sup> CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SUNRISE, FL**

City & State

**SUNRISE, FL**

Zip

**33323**

Country

**USA**

Zip

**33323**

Country

**USA**

4. FEI Number

**65-0335468**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STICHTER, PAUL  
11085 NW 9 CT.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **STICHTER, PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**13834 NW 22<sup>ND</sup> CT**  
City **SUNRISE** FL Zip Code **33323**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>STICHTER, PAUL<br>12300 NW 26 STREET<br>PLANTATION FL 33324 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>STICHTER, BRIAN<br>12300 SW 26 ST<br>PLANTATION FL 33323   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>STICHTER, KEVIN<br>12300 SW 26 ST<br>PLANTATION FL 33323   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>PAUL STICHTER<br>13834 NW 22 CT<br>SUNRISE, FL 33323   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>BRIAN STICHTER<br>13834 NW 22 CT<br>SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPJ<br>KEVIN STICHTER<br>13834 NW 22 CT<br>SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CINDY PARIS<br>6731 NW 22 CT<br>MARGATE, FL 33063      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

**(954) 818-3072**

Daytime Phone #

CR2E034 (10/02)