## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## FILED **DOCUMENT # K43582** Jul 14, 2000 8:00 am 1. Entity Name NORTHSTAR INNS. INC. **Secretary of State** 07-14-2000 90017 018 \*\*\*550.00 Principal Place of Business Mailing Address 3100 WINDAMAR ST 3100 WINDAMAR ST FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0081460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -----NOTOE#ROALD----Street Address (P.O. Box Number is Not Acceptable) 3100 WINDAMAR ST FT. LAUDERDALE FL 33304-1108 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Change TITLE ☐ Delete NOTOE, ROALD NAME NAME STREET ADDRESS STREET ADDRESS 3100 WINDAMAR ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition Delete TITLE TITLE MALMER, TROND NAME NAME STREET ADDRESS STREET ADDRESS 3100 WINDAMAR STR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition TITI F Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 of these employered 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 employered.