2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 90412 023 ****61.25

DOCUMENT # N97000006138

1. Entity Name

NORTH PORT MARKET PLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6710 MAIN STREET SUITE 233 MIAMI LAKES FL 33014 US	6710 MAIN STREET SUITE 233 MIAMI LAKES FL 33014 US

DO NOT WRITE IN THIS SPACE

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 65-0792663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J.
7237 SW 53 AVENUE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: MacNair, Christopher J.
Street Address (P.O. Box Number is Not Acceptable): 6710 Main Street, Suite 233
City: Miami Lakes **FL** Zip Code: 33014

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 _____ 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MACNAIR, CHRISTOPHER J 7237 SW 53RD AVE. MIAMI FL 33143	☐ Delete	DP MacNair, Christopher J. 6710 Main St, Suite 233 Miami Lakes, FL 33014	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FERTIG, JAY 2661 EDGEWATER DR. WESTON FL 33332	☐ Delete	DV Fertig, Jay 6710 Main St., Suite 233 Miami Lakes, FL 33014	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST SOFFER, MARSHA 2875 NE 191 ST., STE. 400 AVENTURA FL 33180	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: _____ President 4/27/01 305-512-8001