## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35182

**Entity Name: NORTHWESTERN CAPITAL CORPORATION** 

**Current Principal Place of Business:** 

ONE BAYFRONT PLAZA; SUITE 900 100 SOUTH BISCAYNE BLVD STE 900 MIAMI, FL 33131

## **Current Mailing Address:**

ONE BAYFRONT PLAZA; SUITE 900 100 SOUTH BISCAYNE BLVD STE 900 MIAMI, FL 33131 US

FEI Number: 65-0165492 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HOLLO, JEROME 100 S BISCAYNE BLVD STE 900 MIAMI, FL 33131 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP Title PD

Name SWERDLIN, LEE Name HOLLO, WAYNE R.

Address ONE BAYFRONT PLAZA; SUITE 900 Address 100 S. BISCAYNE BLVD. STE 900

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title VPS Title VP

Name HOLLO, TIBOR Name HOLLO, JEROME

Address 100 SO BISCAYNE BLVD STE 900 Address 100 S. BISCAYNE BLVD STE 900

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title T

Name KATZ, LEONARD

Address 100 S. BISCAYNE BLVD STE 900

City-State-Zip: MIAMI FL 33131

Electronic Signature of Signing Officer/Director Detail

02/13/2017

FILED Feb 13, 2017

**Secretary of State** 

CC6214526786

Date

Т

Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.