FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046797

DOCUMENT # 451329

1. Entity Name
NORTHGATE REALTY, INC.

Principal Place of Business	Mailing Address
~~18982 NORTHWEST SECOND AVENUE~~ ~~MIAMI, FL 33169~~	~~18982 NORTHWEST SECOND AVENUE~~ MIAMI FL 33169
2. Principal Place of Business: 18400 NW 2 Ave	3. Mailing Address: 18400 NW 2 Ave
Suite, Apt. #, etc.: 12	Suite, Apt. #, etc.: 12
City & State: MIAMI	City & State: MIAMI
Zip: FL 33169 County: DADE	Zip: FL 33169 County: DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1542554 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, VINELL	Name
~~18982 NW 2ND AVE.~~	Street Address (P.O. Box Number is Not Acceptable): 18400 NW 2 Ave #12.
~~MIAMI, FL 33169~~	MIAMI
	City FL Zip Code 33169

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] 3-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, VINELL 12660 SW 20TH ST MIRAMAR, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARTER, NADAL 320 NW 190 ST MIAMI, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 3.21.03 3056528500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #