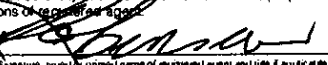


FILED
Mar 24, 2003 8:00 am
Secretary of State

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 12982 NORTHWEST SECOND AVENUE MIAMI, FL 33169		Mailing Address 18982 NORTHWEST SECOND AVENUE MIAMI, FL 33169	
2. Principal Place of Business 18400 NW 2 Ave Suite, Apt. #, etc. 12		3. Mailing Address 18400 NW 2 Ave Suite, Apt. #, etc. 12	
City & State MIAMI FL		City & State MIAMI FL	
Zip FL 33169 DADE		Zip FL 33169 DADE	
4. FEI Number 59-1542554		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name 18400 NW 2 Ave #12 Street Address (P.O. Box Number is Not Acceptable) MIAMI City FL Zip Code 33169	
6. Name and Address of Current Registered Agent ROBINSON, VINELL 49982 NW 2ND AVE MIAMI, FL 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  DATE 3-21-03 (NOTE: Please attach Agent's signature required when reappointing)	
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	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	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
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
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 or other like empowered.			
SIGNATURE  DATE 3-21-03 DAYTIME PHONE 3051281700			