

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513461

1. Entity Name

NORTHEAST ENTERPRISES, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90125 021 \*\*\*150.00

Principal Place of Business

15 PAOLI VILLAGE SHOPPES  
D  
PAOLI PA 19301  
US

Mailing Address

SUITE D  
15 PAOLI VILLAGE SHOPPES  
PAOLI PA 19301  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2017304

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TYRE, ROBERT S.

~~9400 S.W. 174TH STREET~~ 7300 SW 112 Street  
MIAMI FL 33157 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

7300 S.W. 112 Street

City

MIAMI

FL

Zip Code

33156

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 Robert S. Tyre ROBERT S. TYRE

(NOTE: Registered Agent signature required when reinstating)

4-28-2000

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS TYRE, ROBERT S  
CITY-ST-ZIP 9400 S W 174TH ST  
MIAMI, FL 00000

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7300 SW 112 ST  
CITY-ST-ZIP Miami FL 331564541

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SCHMIDT, STEPHEN C  
CITY-ST-ZIP 250 ADAMS DRIVE  
WAYNE PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SCHMIDT, BONNIE  
CITY-ST-ZIP 250 ADAMS DRIVE  
WAYNE PA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS TYRE, EDNA  
CITY-ST-ZIP 9400 S.W. 174TH STREET  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7300 SW 112 ST  
CITY-ST-ZIP Miami FL 331564541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 or trustee empowered 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 empowered.

SIGNATURE Bonnie B. Schmidt BONNIE B. SCHMIDT 4/14/00 610 6959390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)