

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33354**

1. Entity Name
NORTHGATE FINANCING PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 AM 10:33

Principal Place of Business
C/O DARYL B. CRAMER, ESQ.
515 N. FLAGLER DR., SUITE 910
WEST PLAM BEACH FL 33401

Mailing Address
C/O DARYL B. CRAMER, ESQ.
515 N. FLAGLER DR., SUITE 910
WEST PLAM BEACH FL 33401-4325



2. Principal Place of Business
c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc.
515 N. Flagler Dr., #910

3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc.
515 N. Flagler Dr., #910

DO NOT WRITE IN THIS SPACE

City & State
W.P.B., FL

City & State
W.P.B., FL

4. FEI Number **65-0506588**

Applied For
 Not Applicable

Zip Country
33401 US

Zip Country
33401 US

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

6. Name and Address of Current Registered Agent
DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
515 N. Flagler Dr., #910
City **W.P.B.** **FL** Zip Code **33401**

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 DATE **4/4/00**

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

9. Capital Contributions as Shown on record. **\$592,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$592,500.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	V55931 NORTHGATE FINANCING, INC. 515 N. FLAGLER DR., SUITE 910 WEST PLAM BEACH FL 33401
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	526 25
CITY - ST - ZIP	8. 75
STREET ADDRESS	80000032901318- -3
CITY - ST - ZIP	-06/15/00--01004--006 ***6420.00 ****535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: By: **Fabrizio Lucchese, Secretary** **905/882-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #