

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A99000000040**

1. Entity Name
NORTHSTAR HOLDINGS, LTD.

00 MAR 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA *mf4h*

Principal Place of Business
**6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437**

Mailing Address
**6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437-6442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2140180

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

ETTINGER, DAVID
6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000093759**
NAME **NORTHSTAR HOLDINGS, INC.**
STREET ADDRESS **6561 CASCADES ISLES BOULEVARD**
CITY - ST - ZIP **BOYNTON BEACH FL 33437**

STREET ADDRESS _____
CITY - ST - ZIP **500003204895--6**

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NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

STREET ADDRESS _____
CITY - ST - ZIP **-04/11/00--01144--002**
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/99)