

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000040

1. Entity Name

NORTHSTAR HOLDINGS, LTD.

FILED

01 AUG 16 PM 12:17

Principal Place of Business

6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437

Mailing Address

6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5146 CLOVER CREEK DR.

Suite, Apt. #, etc.

3. Mailing Address

5146 CLOVER CREEK DR.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

52-2140180

Applied For

Not Applicable

Zip

Country

33437

Zip

Country

33437

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ETTINGER, DAVID

6561 CASCADES ISLES BOULEVARD
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

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

5146 CLOVER CREEK DR.

City

Boynton Beach

FL

Zip Code

33437

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

7/17/01

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5146 CLOVER CREEK DR.

CITY-ST-ZIP

Boynton Beach FL 33437

STREET ADDRESS

452.25-4P

CITY-ST-ZIP

88.75 - Adm

STREET ADDRESS

CITY-ST-ZIP

600004553206--0
-08/24/01--01010--011
****541.25 ****541.25

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/17/01 561-738-7990

CR2E003 (5/01)