

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
5196 CLOVER CREEK DR.
Suite, Apt. #, etc.

3. Mailing Address
5196 CLOVER CREEK DR.
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State
Boynton Beach FL
Zip
33437
Country

City & State
Boynton Beach FL
Zip
33437
Country

4. FEI Number **52-2140180**

Applied For
Not Applicable

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)
5196 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

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 **5196 Clover Creek Dr.**
CITY-ST-ZIP **Boynton Beach FL 33437**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **452.25-4P**
CITY-ST-ZIP **88.75 - Adm**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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 **7/17/01** DAYTIME PHONE # **561-738-7990**

Date Daytime Phone #

CR2E003 (5/01)