

2001 UNIFORM BUSINESS REPORT (UBR)

0007124 AF

DOCUMENT # A99000000642

1. Entity Name

NORTHLAKE WEST, LTD.

FILED

01 APR 30 AM 11: 26

Principal Place of Business C/O CATALFUMO MANAGEMENT & INVESTMENT, INC.
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410

Mailing Address C/O CATALFUMO MANAGEMENT & INVESTMENT, INC.
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0929336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CATALFUMO MANAGEMENT & INVESTMENT, INC.
4300 CATALFUMO WAY
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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. (NOT) Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$500,000.00

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 #	M50406
NAME	CATALFUMO MANAGEMENT & INVESTMENT, INC.
STREET ADDRESS	4300 CATALFUMO WAY
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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-05/16/01--01036--009
*****526.25 *****526.25
700004213417--8
-05/16/01--01036--010
*****8.75 *****8.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Daniel S. Catalfumo **Date** 4/25/01 **Daytime Phone #** 561-694-3000

CR2E003 (11/00)