

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90045 022 ***150.00

DOCUMENT # F01000000812

1. Entity Name
NORTHEAST FINANCIAL CORP.



Principal Place of Business
700 WEST GERMANTOWN PK
STE 200
NORRISTOWN PA 19403

Mailing Address
700 WEST GERMANTOWN PK
STE 200
NORRISTOWN PA 19403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2623542**

Applied For

Not Applicable

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

BUSINESS FILINGS INCORPORATED

1000 WEST AVE.

SUITE 1114

MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election: Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCDS** ☐ Delete
NAME **COHN, ROGER**
STREET ADDRESS **1515 DEKALB PK**
CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☒ Change ☐ Addition
NAME **Senae**
STREET ADDRESS **700 W. Germantown Pike, Ste 200**
CITY-ST-ZIP **East Norriton, Pa 19403**

TITLE ☐ Delete
NAME **COHN, ROGER**
STREET ADDRESS **1515 DEKALB PK**
CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☒ Change ☐ Addition
NAME **700 West Germantown Pike #200**
STREET ADDRESS **EAST NORRITON PA 19403**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03

610 631-2020

CR2E034 (10/02)