

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 023 ***150.00

DOCUMENT # FO1000003674
1. Entity Name NORTHSTAR COMMUNICATIONS
CONSULTING SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3421 SPANISH TRAIL #224D
3. Mailing Address 3421 SPANISH TRAIL
Suite, Apt. #, etc. DELRAY BEACH # 224D
City & State FLA. DELRAY BEACH
Zip 33483 **Country** FLA **Zip** 33483 **Country** 33483

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-35-35905 **Applied For** ☒ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name MICHAEL J. MCCANN
Street Address (P.O. Box Number is Not Acceptable) 3421 SPANISH TRAIL #224D
City DELRAY BEACH
City FL **Zip Code** 33483

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. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>C/V/T/D</u> NAME <u>MICHAEL J. MCCANN</u> STREET ADDRESS <u>3421 SPANISH TRAIL #224D</u> CITY - ST - ZIP <u>DELRAY BEACH FL 33483</u>
TITLE <u>P/D/J/M</u> NAME <u>DAVID HYMAS</u> STREET ADDRESS <u>100 LINCOLN RD MIAMI BEACH FL</u> CITY - ST - ZIP <u>33139</u>
TITLE <u>V/D</u> NAME <u>PEDRO YANES</u> STREET ADDRESS <u>4101 SW 1107 PLACE MIAMI FL</u> CITY - ST - ZIP <u>33165</u>
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002
Date Daytime Phone #

CR05034R (12/01)