

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005505

1. Entity Name

NORTHEAST INVESTMENT CORPORATION

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90101 010 ***150.00

Principal Place of Business

2100 S. OCEAN DRIVE #10A
FT LAUDERDALE FL 33316

Mailing Address

2100 S. OCEAN DRIVE #10A
FT LAUDERDALE FL 33316-3812

2. Principal Place of Business

322 Monroe St

3. Mailing Address

322 Monroe St

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

52-0791879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIGLER, LAWRENCE M
2100 S. OCEAN DRIVE #10A
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Sigler Jr., Lawrence M.

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

322 Monroe St. #5

City Hollywood

FL

Zip Code

33019

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

Lawrence M. Sigler Jr. Lawrence M. Sigler Jr.

DATE

3/16/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PCD	<input checked="" type="checkbox"/> Delete
NAME	SIGLER, LAWRENCE M	
STREET ADDRESS	2100 S OCEAN DRICE #10A	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIGLER, VICTORIA	
STREET ADDRESS	2100 S OCEAN DR, AUTE 10A	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sigler Jr., Lawrence M.	
STREET ADDRESS	322 Monroe St #5	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Lawrence M. Sigler Jr. Lawrence M. Sigler Jr. 3/16/00 954 922-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)