

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91080 001 ***300.00

DOCUMENT # **J65303**

1. Entity Name
NORTHEAST PROPERTIES, INC.



Principal Place of Business

**888 E LAS OLAS BLVD
SUITE 710
FT LAUDERDALE FL 33301**

Mailing Address

**888 E LAS OLAS BLVD
SUITE 710
FT LAUDERDALE FL 33301
US**



2. Principal Place of Business

**1313 S. Andrews Ave.
Suite, Apt. #, etc.**

3. Mailing Address

**1313 S. Andrews Ave.
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUD. Fla.

City & State

FT. LAUDERDALE FLA

4. FEI Number **65-0001878**

Applied For

Not Applicable

Zip **33316**

Country

Zip **33301**

Country

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

6. Name and Address of Current Registered Agent

**MARCUS, IRA
888 E LAS OLAS BLVD
SUITE 710
FT LAUDERDALE FL 33310**

**1313 S. Andrews Ave.
FT. LAUDERDALE, FLA
33316**

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. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARCUS, IRA	<i>address see above</i>
STREET ADDRESS	888 E LAS OLAS BLVD, SUITE 710	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCUS, JANET A.	<i>see above address</i>
STREET ADDRESS	888 E LAS OLAS BLVD, SUITE 710	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SECRETARY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

Date

Daytime Phone #

954-523-9696

CR2E034 (10/02)