

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011180

1. Entity Name

NORTHLAKE ACQUISITION EAST, LLC

FILED
Aug 01, 2002 8:00 am
Secretary of State

04-01-2002 90608 039 ***150.00

98090



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 10400 GRIFFIN RD., #210
 COOPER CITY FL 33328

Mailing Address

10400 GRIFFIN RD., #210
 COOPER CITY FL 33328

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 **APPLIED FOR**
65-1042371

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required.

6. Name and Address of Current Registered Agent

LEONARD, C. GLENN
 4875 N. FEDERAL HWY., 10TH FLOOR
 FT LAUDERDALE FL 33308

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, ROBERT 999 RIVIERA ISLE FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (4/02)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REQUIRED

PKS

6/9/02

814-434-7925

Daytime Phone

Attachment

98098

#L00000011180

NORTHLAKE ACQUISITION EAST, LLC
10400 Griffin Road, Ste. 210, Cooper City, FL 33328

July 16, 2002

Division of Corporations
Attn: Registration Department
409 East Gaines Street
Tallahassee, FL 32399

RE: Northlake Acquisition East, LLC
FEI Number: 65-1042371

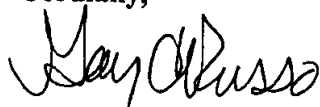
Dear Representative:

Enclosed are copies of the "front and back" of check number 1066 for \$150.00, 2002 Uniform Business Report due May 1, 2002, second notice due September 1, 2002 and a copy of the Department of the Treasury with our EIN number verification.

Upon receipt of these necessary documents kindly issue a check payable to Northlake Acquisition for \$100.00 in refund of the overpayment dated March 18, 2002. The fee should have been \$50.00 and we inadvertently sent \$150.00.

If you have any questions or concerns please do not hesitate to contact us at (954) 434-7925.

Cordially,



Gay C. Russo
Office Manager
Northlake Acquisition East, LLC

Look for blue background on the front of this check, and the blue safe logo on back. If not present, do not cash.

NORTHLAKE ACQUISITION EAST, LLC
10400 GRIFFIN RD., STE. 210
COOPER CITY, FL 33328

Attachment 9809 U 1066
80051811

DATE MARCH 18, 2002

83-4-630 FL
80534

PAY TO THE ORDER OF DEPARTMENT OF STATE

\$ 150.00

THE SUM IS ONE FIFTY DOLLARS

DOLLARS

Bank of America



ACH RT 083000047

FOR 2002 UAR PEI APPLIED FOR

[Signature]

⑈001066⑈ ⑆063000047⑆ 003447844677⑈ ⑆0000015000⑈

L00000011180

DATE 04/08/02
E C 662 NF

BANK OF AMERICA NA JAX
⑈063000047⑆ E6602 01 P00
04/08/02
6740363949

2014 11040

MAR 28 2002

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1000000000

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000011180**

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NORTHLAKE ACQUISITION EAST, LLC

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COOPER CITY FL 33328

Mailing Address

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City & State

City & State

Zip

Country

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Country

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Not Applicable

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\$5.00 Additional Fee Required

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FT LAUDERDALE FL 33308**

Name

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

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FL

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SIGNATURE

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(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

P

WILLIAMSON, ROBERT

STREET ADDRESS

999 RIVIERA ISLE

CITY- ST- ZIP

FT. LAUDERDALE FL 33301

☐ Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME

☐ Delete

TITLE

NAME

☐ Change ☐ Addition

Look for blue background on the front of this check, and the imageSafe logo on back. If not present, do not cash.

1066

NORTHLAKE ACQUISITION EAST, LLC

10400 GRIFFIN RD., STE. 210
COOPER CITY, FL 33328

DATE **MARCH 18, 2002**

63-4/630 FL
90334

PAY
TO THE
ORDER OF

DEPARTMENT OF STATE

\$ 150.00

DOLLARS

Bank of America

ACH R/T 003000047

FOR **2002 UBR PET APPLIED FOR**

⑈001066⑈ ⑈063000047⑈ 003447844677⑈

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



Department of the Treasury
Internal Revenue Service
P.O. Box 9941
Ogden UT 84409

Attachment

98090

In reply refer to: 0424556116
July 03, 2002 LTR 147C
65-1042371 00000000 000
01443

L00000011180

NORTHLAKE ACQUISITION EAST LLC
WILLIAMSON ROBERT T SOLE MEMBER
10400 GRIFFIN RD STE 210
COOPER CITY FL 33328-3321606

*BK of Amer
003-447-
8446*

Employer Identification Number: 65-1042371
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Apr. 10, 2002.

Your employer identification number (EIN) is 65-1042371. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Jolene Thomas

Jolene Thomas
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter