

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 017 ***150.00

DOCUMENT # L35182

1. Entity Name
NORTHWESTERN CAPITAL CORPORATION



Principal Place of Business
ONE BAYFRONT PLAZA; SUITE 1100
100 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Mailing Address
ONE BAYFRONT PLAZA; SUITE 1100
100 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

40030033



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0165492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME
100 S BISCAYNE BLVD 1100
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VDS
NAME	BAER, STEVE
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL

TITLE	PD
NAME	HOLLO, WAYNE R.
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL

TITLE	VD
NAME	HOLLO, TIBOR
STREET ADDRESS	100 SO BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL

TITLE	VP
NAME	HULLO, JEROME
STREET ADDRESS	100 S. BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

060-6310