

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L68920
NORTHSTAR INSURANCE, INC
6500 W. 4 AVE #43
Hialeah, FLORIDA 33012

FILED

01 SEP 14 PM 2:48

Principal Place of Business

Mailing Address

6500 W. 4 AVE
Suite 43
Hialeah, FL 33012

6500 W. 4 AVE
Suite 43
Hialeah, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
#42

Suite, Apt. #, etc.
N/A

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip Country
33012 Dade

Zip Country
33012 Dade

2001 AMENDED UBR

4. FEI Number
650186021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Jose Manuel Renard Sr.

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

6500 W. 4 AVE #43

City FL Zip Code
Hialeah 33012

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)

FILE NOW! FEE IS \$150.00
After MAY 11 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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

Signature, typed or printed name of signing officer or director

Jose Manuel Renard Sr. 8/21/2001

305-828-7451

Date

Daytime Phone

CR2E034 (11/00)