

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006138

1. Entity Name

NORTH PORT MARKET PLACE ASSOCIATION, INC.

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90034 047 ****61.25

Principal Place of Business

6710 MAIN STREET
SUITE 233
MIAMI LAKES FL 33014
US

Mailing Address

6710 MAIN STREET
SUITE 233
MIAMI LAKES FL 33014
US

2. Principal Place of Business

255 Alhambra Circle

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

Suite 325

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0792663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J.
6710 MAIN STREET
STE 233
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

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

40 Bayshore Land Group, Inc.

255 Alhambra Circle, Suite 325

City

Coral Gables

FL

Zip Code

33134

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MACNAIR, CHRISTOPHER J.
STREET ADDRESS 6710 MAIN STREET STE 233
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Delete

TITLE DV
NAME FERTIG, JAY
STREET ADDRESS 6710 MAIN STREET STE 233
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Delete

TITLE DVST
NAME SOFFER, MARSHA
STREET ADDRESS 2875 NE 191 ST., STE. 400
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 255 Alhambra Circle, Suite 325
CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 255 Alhambra Circle, Suite 325
CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

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NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

Christopher J. MacNair, Pres. 4/30/02 305-445-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E037 (9/01)