

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004161

1. Entity Name

**NORTHGATE, INC.**

FILED

00 MAY -9 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 S.E. FIRST STREET, SUITE 704  
MIAMI FL 33131

200 S.E. FIRST STREET, SUITE 704  
MIAMI FL 33131-1909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

PELLERIN, MARIA S  
200 S.E. FIRST STREET, SUITE 704  
MIAMI FL 33131

Name

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

3000002265788-3

-05/24/00-01038-002

City

\*\*\*383.75 \*\*\*161.25  
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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME D  
STREET ADDRESS ASHKINS, GAIL  
CITY-ST-ZIP 9821 S.W. 165TH TERRACE, SUITE 1  
MIAMI FL 33157

TITLE  Change  Addition  
NAME PD  
STREET ADDRESS ED BELL  
CITY-ST-ZIP 1773 NW 79TH AVE  
MIAMI, FL 33126

TITLE  Delete  
NAME D  
STREET ADDRESS DANNER, STEPHEN  
CITY-ST-ZIP 1101 BRICKELL AVENUE, SUITE 1402  
MIAMI FL 33131

TITLE  Change  Addition  
NAME VD  
STREET ADDRESS FRED JACKSON  
CITY-ST-ZIP 1 ALHAMBRA PLAZA  
CORAL GABLES, FL 33134

TITLE  Delete  
NAME D  
STREET ADDRESS ROSINEK, JEFF JUDGE  
CITY-ST-ZIP 1351 N.W. 12TH STREET, ROOM 308  
MIAMI FL 33125

TITLE  Change  Addition  
NAME TD  
STREET ADDRESS JERRY BROOKS  
CITY-ST-ZIP 506 PERUQA AVE  
CORAL GABLES, FL 33134

TITLE  Delete  
NAME D  
STREET ADDRESS BROOKS, JERRY  
CITY-ST-ZIP 12368 S.W. 94TH TERACE  
MIAMI FL 33186

TITLE  Change  Addition  
NAME SD  
STREET ADDRESS MSQR FRANKLYN CASALE  
CITY-ST-ZIP 16400 NN 32ND AVE  
MIAMI, FL 33054

TITLE  Delete  
NAME D  
STREET ADDRESS CASALE, FRANKLY MNSGR  
CITY-ST-ZIP 16400 N.W. 32ND AVENUE  
MIAMI FL 33054-6492

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME D  
STREET ADDRESS COLEMAN, JERRY  
CITY-ST-ZIP 2136 N.W. 8TH AVENUE  
MIAMI FL 33137

TITLE  Change  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 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:

*M. Pellerin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

305-371-8300  
Daytime Phone #

KE

CR2E037 (9/99)