

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

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

Mailing Address

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

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)

300003265788-3
-05/24/00-01038-002
City ****383.75 FL ****681.25

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

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

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

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

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

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

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

TITLE SD ☐ Change ☒ Addition
NAME MSGR FRANKLYN CASALE
STREET ADDRESS 16400 NW 32ND AVE
CITY-ST-ZIP MIAMI, FL 33054

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-371-8300

Daytime Phone #

CR2E037 (9/99)

KE