

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0498345

DOCUMENT # P00000026883

1. Entity Name
NORTHLAND LIMITED, INC.

05-15-2001 90056 026 ***150.00

Principal Place of Business Mailing Address
6051 SOUTHWEST 27TH STREET **6051 SOUTHWEST 27TH STREET**
MIAMI FL 33155-3175 **MIAMI FL 33155-3175**

. 055023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7360 N.W. 34TH STREET **C/O J A D & COMPANY, P.A.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3400 CORAL WAY, 6TH FL.

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-1006766	Applied For Not Applicable
Zip 33122-1266	Country U.S.A.	Zip 33145-3053	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARMONA, SANDRA L		Name	
6051 SOUTHWEST 27TH STREET		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33155-3175		City	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PSD CARMONA, SANDRA L 6051 SOUTHWEST 27TH STREET MIAMI FL 33155-3175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D CARMONA-SANCHEZ, SANDRA 6051 SOUTHWEST 27TH STREET MIAMI, FLORIDA 33155-3175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D SANCHEZ, JAIME 6051 SOUTHWEST 27TH STREET MIAMI, FLORIDA 33155-3175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime Sanchez* /PRESIDENT-DIRECTOR 4/2/01 (305)477-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)