

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047998

1. Entity Name

NORTHSTAR FINANCE CORP.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90036 009 ***150.00

Principal Place of Business

350 E LAS OLAS BLVD., SUITE 1700
FT LAUDERDALE FL 33301

Mailing Address

350 E LAS OLAS BLVD., SUITE 1700
FT LAUDERDALE FL 33301

2. Principal Place of Business

13790 NW 40 STREET
Suite, Apt. #, etc.
106

3. Mailing Address

13790 NW 40 STREET
Suite, Apt. #, etc.
106

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33325

Country

US

Zip

33325

Country

US

4. FEI Number

65-1007866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P
350 E LAS OLAS BLVD., SUITE 1700
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

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

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 1, 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL WURTENBERGER	
STREET ADDRESS	881 SW 88 TERR	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID ETTINGER	
STREET ADDRESS	7103 ENCLAVA WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Wurtenberger
MICHAEL WURTENBERGER

4-19-01

Date

(954) 838-0070

Daytime Phone #

CR2E034 (10/00)