

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068533

1. Entity Name
MB NORTHLAKE PROMENADE, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90005 033 ***150.00

0322031

Principal Place of Business
177 U.S. HIGHWAY ONE
TEQUESTA FL 33469

Mailing Address
177 U.S. HIGHWAY ONE
TEQUESTA FL 33469

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2. Principal Place of Business

3. Mailing Address

177 U.S. HIGHWAY ONE
Suite, Apt. #, etc.
251

Suite, Apt. #, etc.

City & State

City & State
TEQUESTA FL

Zip

Country

Zip

33469

Country

USA

4. FEL Number

05-1049216

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

KRASKER, PAUL A
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH FL 33401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALIANIELLO, JEFFREY
177 U.S. HIGHWAY ONE
TEQUESTA FL 33469 ☐ Delete

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

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

Jeffrey Alianiello JEFFREY ALIANIELLO

3-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)