

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT -7 PM 2:55

DOCUMENT # P00000101906

1. Entity Name

NORTHSTAR INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA400008302204--2
-10/10/02--01027--007
****550.00 ****550.00**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1109 High Land Beach Dr

3. Mailing Address

P.O. Box 7124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

High Land Beach FL

City & State

Boca Raton FL

4. FEI Number

65-1051477

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT A. DITTMAN

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

151 N.W. First Avenue

City
Delray Beach

FL

Zip Code
33444

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Secretary/Treasurer JOSEPH A. BREMONT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director JOSEPH A. BREMONT SEE ABOVE.
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-02 561-272-7911

Date

Daytime Phone #

CR2E034B (12/01)