FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008665857
10/29/02--01067--007 **150.00

DOCUMENT # P00000105275

1. Entity Name
Northern Capital, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8600 NW 53rd Terr.	same
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33166 Country USA	Zip Country

4. FEI Number 651057444 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Albert Fernandez

Street Address (P.O. Box Number is Not Acceptable): 8600 NW 53 Terr. Suite 220

City: Miami **FL** Zip Code: 33166

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] Albert Fernandez 10/22/02
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	Director
NAME	Albert Fernandez
STREET ADDRESS	8600 NW 53 Terr. #220
CITY-ST-ZIP	Miami FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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] Albert Fernandez 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 11/5/02

Keystone Staffing, Inc.

October 22, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Section

Dear Sirs/Madam:

I have noticed that the corporations listed below have been dissolved for failure to file the Annual Business Report. I have not received any paperwork regarding the status of our corporation.

Keystone Staffing, Inc.
Keystone Security, Inc.
Northern Capital, Inc.
Citizen Insurance of Doral, Inc.
Citizen Insurance of Flagler, Inc.
Citizen Insurance of Bird Road, Inc.
Buckingham Police Supply, Inc.

Please note that we have moved to a different suite, Suite 220. The correct address is as follows:

8600 NW 53rd Terrace, Suite 220
Miami, Florida 33166

If there are any questions, please feel free to contact me at (305) 639-2595.

Sincerely,

Albert Fernandez
Keystone Staffing, Inc.