

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 100000105275

1. Entity Name

Northern Capital, Inc.

02 OCT 29 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700008665857

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8600 NW 53rd Terr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33146

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 53rd Terr.

Suite 220

City

Miami

FL

Zip Code

33146

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.

Albert Fernandez

(NOTE: Registered Agent signature required when reinstating)

10/22/02

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 53rd Terr. #220
CITY-ST-ZIP Miami FL 33146

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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: Albert Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

10/11/02

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.

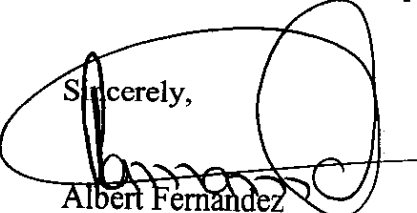
Keystone Staffing, Inc.
Keystone Security, Inc.
Northern Capital, Inc.
Citizen Insurance of Doral, Inc.
Citizen Insurance of Flagler, Inc.
Citizen Insurance of Bird Road, Inc.
Buckingham Police Supply, Inc.

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.

8600 NW 53rd Terrace, Suite 220, Miami Florida 33166
Telephone (305) 639-2595 / Fax (305) 639-2601