

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90019 010 ***150.00

DOCUMENT # P01000032894

1. Entity Name
NORTHLAKE CENTER, INC.

Principal Place of Business
4415 WESTROADS DRIVE
WEST PALM BEACH FL 33407

Mailing Address
4415 WESTROADS DRIVE
WEST PALM BEACH FL 33407

- 71693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1092506

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POSNER, MICHAEL J ESQ
4420 BEACON CIRCLE SUITE 100
WEST PALM BEACH FL 33407

Name **JOHN TOTH**

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

4415 WESTROADS DR.City **WEST PALM BEACH**

FL

Zip Code **33407**

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

John Toth **JOHN TOTH**

1-14-02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **JOHN TOTH PRES.** ☐ Delete
 NAME
 STREET ADDRESS **4415 WESTROADS DR**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33407**

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

TITLE **VP.** ☐ Delete
 NAME **KATALIN TOTH**
 STREET ADDRESS **4415 WESTROADS DR. 33407**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **TRES.** ☐ Delete
 NAME **KRISTOF TOTH**
 STREET ADDRESS **4415 WESTROADS DR. W-PALM**
 CITY-ST-ZIP **BEACH FL. 33407**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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:

John Toth **JOHN TOTH**

1-14-02

561848-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)