

AMENDMENT  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 23 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 901000099337

1. Entity Name

NORTHSTAR PARTNERS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10351 SUNSET BEND DR

Suite, Apt. #, etc.

3. Mailing Address

10351 SUNSET BEND DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL.

City & State  
BOCA RATON FL.

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33428

Country  
PALM BEACH

Zip  
33428

Country  
PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
RICHARD S. LEVINE

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

10351 SUNSET BEND DR.

City  
BOCA RATON

FL

Zip Code  
33428

DO NOT WRITE  
IN THIS SPACE

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

Richard S. Levine

RICHARD S. LEVINE

5-20-02

Signature, typed or printed name of registered agent and use 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES.  
RICHARD S. LEVINE  
10351 SUNSET BEND DR.  
BOCA RATON FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300005754443--E  
-06/11/02--01109--007  
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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:

Richard S. Levine

RICHARD S. LEVINE

4-25-02 361-78-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)