

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90049 005 ***150.00

DOCUMENT # P01000099337

1. Entity Name
NORTHSTAR PARTNERS, INC.



Principal Place of Business
10351 SUNSET BEND DR
BOCA RATON FL 33428

Mailing Address
10351 SUNSET BEND DR
BOCA RATON FL 33428



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4171 W. HILLSBORO BLVD

Suite, Apt. #, etc.

Suite 3

City & State

COCONUT CREEK

Zip
33073

Country

Broward

3. Mailing Address

4171 W. HILLSBORO BLVD

Suite, Apt. #, etc.

Suite 3

City & State

COCONUT CREEK

Zip

33073

Country

Broward

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVINE, RICHARD
10351 SUNSET BEND DR
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name **Richard Levine**

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

4171 W. HILLSBORO BLVD

Suite 3

City

COCONUT CREEK

FL

Zip Code

33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEVINE, RICHARD S**
STREET ADDRESS **10351 SUNSET BEND DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Change ☐ Addition
NAME **LEVINE, RICHARD S.**
STREET ADDRESS **4171 W. HILLSBORO BLVD, Suite 3**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VPD** ☐ Change ☒ Addition
NAME **SOLOMON, PAUL**
STREET ADDRESS **4171 W. HILLSBORO BLVD, Suite 3**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **PD** ☐ Change ☒ Addition
NAME **LEVINE, MICHAEL**
STREET ADDRESS **4171 W. HILLSBORO BLVD, Suite 3**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Levine

Date

1/9/03

Daytime Phone #

CR2E034 (10/02)