

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90607 021 ***150.00

DOCUMENT # P94000032806

1. Entity Name

NORTHSTAR AT WESTCHESTER, INC.

Principal Place of Business

**5196 CLOVER CREEK DR
 BOYNTON BEACH FL 33437
 US**

Mailing Address

**5196 CLOVER CREEK DR
 BOYNTON BEACH FL 33437
 US**

2. Principal Place of Business

14406 S. Military trail

3. Mailing Address

14406 S. Military trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray, FL

City & State

Delray, FL

Zip

33445

Country

PALM

Zip

33445

Country

PALM

4. FEI Number

65-0193758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ETTINGER, DAVID

**5196 CLOVER CREEK DR
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

ETTINGER, DAVID

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

14406 S. Military trail -

City

Delray

FL

Zip Code

33445

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.

(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

TITLE **VP** ☐ Delete
 NAME **DOBBIN, ALVIN**
 STREET ADDRESS **6509 WINDEMERE CIR.**
 CITY-ST-ZIP **ROCKVILLE MD**

TITLE **P** ☐ Delete
 NAME **ETTINGER, DAVID**
 STREET ADDRESS **7103 ENCINA LN**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)