

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075907

1. Entity Name

DEVELOPERS OF NORTHLAKE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90231 001 ***150.00

Principal Place of Business

6550 N FEDERAL HWY
STE 340
FT LAUDERDALE FL 33308
US

Mailing Address

6550 N FEDERAL HWY
STE 340
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0532938

Applied For

Not Applicable

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

CANTOR, SAMUEL J
1489 W. PALMETTO PARK RD., #485
BOCA RATON FL 33486

Name

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

City

FL

Zip Code

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	BISTRICER, SIMONE	
STREET ADDRESS	6550 N FEDERAL HWY STE 340	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6550 N. Federal Hwy, Suite 240	
CITY-ST-ZIP		
TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BLATT	
STREET ADDRESS	6550 North Federal Highway, Suite 240	
CITY-ST-ZIP	FT LAUDERDALE, Florida 33308	
TITLE	DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPHAEL E. ELLERBY	
STREET ADDRESS	6550 N. Federal Highway, Suite 240	
CITY-ST-ZIP	FT LAUDERDALE, Florida 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (10/00)