

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044831

1. Entity Name

NORTHLAKE STATION, INC.

Principal Place of Business

12398 SW 82 AVE
MIAMI FL 33156
US

Mailing Address

12398 SW 82 AVE
MIAMI FL 33156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GORMAN, LENARD H

2655 LEJEUNE RD., PENTHOUSE 1-D
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

1320 S. Dixie Hwy, Penthouse 1275

City

Coral Gables

FL

Zip Code

33146

8. The above named entity swears 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.

Lenard H. Gorman

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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

TITLE PD
NAME FONTECILLA, CARLOS
STREET ADDRESS 12398 SW 82 AVE
CITY-ST-ZIP MIAMI FL 33156

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Carlos Fontecilla

Date

Daytime Phone #

4-27-01 (305) 255-4145

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90121 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)