

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024823

1. Entity Name

NORTHLAKE EQUITIES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90053 050 ***150.00

Principal Place of Business

Mailing Address

1489 W. PALMETTO PARK RD.. SUITE 485
BOCA RATON FL 33486

1489 W. PALMETTO PARK RD.. SUITE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

3. Mailing Address

6700 Broken Sound Pkwy NW

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33487

USA

33487

USA

6. Name and Address of Current Registered Agent

4. FEI Number 65-0838403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 *Samuel J Cantor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BISTRICER, BETTY
CITY-ST-ZIP 1489 W. PALMETTO PARK RD., SUITE 485
BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Betty Bistricer
CITY-ST-ZIP 6700 Broken Sound Pkwy NW, #200
Boca Raton, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *S. Bistricer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/00