

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000024823

FILED
Apr 04, 2003
Secretary of State

Entity Name: NORTHLAKE EQUITIES, INC.

Current Principal Place of Business:

6700 BROKEN SOUND PKWY NW
SUITE 200
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6700 BROKEN SOUND PKWY NW
SUITE 200
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0838403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISTRICER, HERMAN
Address: 6550 NORTH FEDERAL HIGHWAY, SUITE 240
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPS () Delete
Name: BLATT, ROBERT
Address: 6550 NORTH FEDERAL HIGHWAY, SUITE 240
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BLATT

VPS

04/04/2003

Electronic Signature of Signing Officer or Director

Date