

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000078323**

1. Entity Name

Northeast Financial Services Group, Inc.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90186 031 ***150.00

Principal Place of Business
20423 STATE Rd 7
Suite 160
Boca Raton, Fl. 33498

Mailing Address
20423 STATE Rd 7
Suite 160
Boca Raton, Fl. 33498

2. Principal Place of Business
20423 STATE Rd 7

3. Mailing Address
20423 STATE Rd 7

Suite, Apt. #, etc.
#F6 + PMB 160

Suite, Apt. #, etc.
#F6 PMB 160

City & State
Boca Raton, Fl.

City & State
Boca Raton, Fl.

ZIP
33498

Country

ZIP
33498

Country

4. FEI Number
65-0834025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

A0068170

DO NOT WRITE IN THIS SPACE

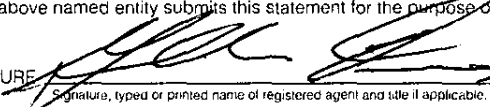
6. Name and Address of Current Registered Agent

Guillermo Ferrer
20423 STATE Rd 7
Suite 160
Boca Raton, Fl. 33498

7. Name and Address of New Registered Agent

Name **Guillermo Ferrer**
Street Address (P.O. Box Number is Not Acceptable)
11725 Watercrest Lane
Boca Raton, Fl. 33498
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  **GUILLERMO FERRER**

(NOTE: Registered Agent signature required when reinstating)

4/26/01
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 **PSTD**
NAME **Guillermo Ferrer** ☐ Delete
STREET ADDRESS **20423 STATE Rd 7**
CITY-ST-ZIP **Suite 160, Boca Raton, Fl. 33498**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Guillermo Ferrer**
STREET ADDRESS **11725 Watercrest Lane**
CITY-ST-ZIP **Boca Raton, Fl. 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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  **GUILLERMO FERRER** **4/26/01 (561) 479-2194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (11/00)