

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90220 048 \*\*\*158.75

**DOCUMENT # P99000039748**

1. Entity Name  
**NORTHSTAR FINANCIAL ADVISORS, INC.**



Principal Place of Business  
**8080 WEST FLAGLER STREET  
SUITE 1-A  
MIAMI FL 33144**

Mailing Address  
**8080 WEST FLAGLER STREET  
SUITE 1-A  
MIAMI FL 33144**

2. Principal Place of Business  
**8080 West Flagler ST**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 3A**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33144**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0916434**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BEHAR, ROBERT  
7171 CORAL WAY, SUITE 500  
MIAMI FL 33155**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Alberto Beguiristain  
Signature, typed or printed name of registered agent and title if applicable.

ALBERTO BEGUIRISTAIN  
(NOTE: Registered Agent signature required when reinstating)

4/15/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete  
NAME **BEGUIRISTAIN, ALBERTO**  
STREET ADDRESS **10255 SW 96TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **TD** ☒ Delete  
NAME **VALDES, ZORAIDA M**  
STREET ADDRESS **4582 SW-127TH COURT**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ALBERTO BEGUIRISTAIN**  
STREET ADDRESS **10255 SW 96TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33176**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO BEGUIRISTAIN **PRESIDENT** 4/15/03 305 267 2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)