

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78052

1. Entity Name

NORTHSIDE MANOR, INC.

Principal Place of Business

7901 JOHNSON ST
#206
PEMBROKE PINES FL 33024

Mailing Address

7901 JOHNSON ST
#206
PEMBROKE PINES FL 33024

2. Principal Place of Business

3344 Helms Ave
Suite, Apt. #, etc.

3. Mailing Address

3344 Helms Ave
Suite, Apt. #, etc.

City & State

Culver City CA

City & State

Culver City CA

Zip

90232

Country

USA

Zip

90232

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALVERDE, CARLOS
7901 JOHNSON ST
#206
PEMBROKE PINES FL 33024

CARLOS H Valverde
16140 SW 154 Ave
Miami FL 33187

Post 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	VALVERDE, CARLOS H.	
STREET ADDRESS	3344 HELMS AVE	
CITY-ST-ZIP	CULVER CITY CA 90232	
TITLE	D	☐ Delete
NAME	VALVERDE, RODOLFO H.	
STREET ADDRESS	3344 HELMS AVE	
CITY-ST-ZIP	CULVER CITY CA 90232	
TITLE	D	☐ Delete
NAME	VALVERDE, RICARDO A.	
STREET ADDRESS	3344 HELMS AVE	
CITY-ST-ZIP	CULVER CITY CA 90232	
TITLE	D	☐ Delete
NAME	VALVERDE, CARLOS R.	
STREET ADDRESS	3344 HELMS AVE	
CITY-ST-ZIP	CULVER CITY CA 90232	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS H Valverde 310-8380625
2-10-2001

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-15-2001 90009 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)