

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90024 005 \*\*\*150.00

**DOCUMENT # L32725**

1. Entity Name  
**NORMANDY MANOR, INC.**

Principal Place of Business  
**3399 PONCE DE LEON BLVD.**  
**SUITE 202**  
**CORAL GABLES FL 33134**  
**US**

Mailing Address  
**3399 PONCE DE LEON BLVD.**  
**SUITE 202**  
**CORAL GABLES FL 33134**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9553 Harding Ave**  
 Suite, Apt. #, etc. **308**

3. Mailing Address  
 Suite, Apt. #, etc. **PO Box 545867**

City & State  
**Surfside, FL**

City & State  
**Surfside, FL**

4. FEI Number **65-0231539**

Applied For  
 Not Applicable

Zip **33154** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HANS BAUMBERGER**  
**3399 PONCE DE LEON BLVD.**  
**SUITE 202**  
**CORAL GABLES FL 33134**

Name **Hans Baumberger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9553 Harding Ave #308**  
 City **Surfside** **FL** Zip Code **33154**

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 *Hans Baumberger* **Hans Baumberger** 1/23/2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ALTIRRIBA, JUAN</b> <b>3399 PONCE DE LEON BLVD., #202</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>BAUMBERGER, HANS</b> <b>3399 PONCE DE LEON BLVD. SUITE 202</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ALTIRRIBA, JUAN</b> <b>9553 HARDING AVE #308</b> <b>SURFIDE, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>BAUMBERGER, HANS</b> <b>9553 HARDING AVE #308</b> <b>SURFIDE, FL 33154</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hans Baumberger* **Hans Baumberger** 1/23/2002 305-867-8570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)