

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000082364

**Entity Name:** NORI FIELDS CO, INC.

**Current Principal Place of Business:**

9858 CLINT MOORE RD  
STE C111-252  
BOCA RATON, FL 33496

**FILED**  
**Aug 11, 2021**  
**Secretary of State**  
**1263419673CC**

**Current Mailing Address:**

9858 CLINT MOORE RD  
STE C111-252  
BOCA RATON, FL 33496 US

**FEI Number: 46-2635221**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

*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

**Officer/Director Detail :**

Title P  
Name COHEN, CARIEL  
Address 9858 CLINT MOORE RD, STE C111-252  
City-State-Zip: BOCA RATON FL 33496

Title S  
Name COHEN, ORIT  
Address 9858 CLINT MOORE RD, STE C111-252  
City-State-Zip: BOCA RATON FL 33496

Title T  
Name COHEN, CARIEL  
Address 9858 CLINT MOORE RD, STE C111-252  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name COHEN, CARIEL  
Address 9858 CLINT MOORE RD, STE C111-252  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name COHEN, ORIT  
Address 9858 CLINT MOORE RD, STE C111-252  
City-State-Zip: BOCA RATON FL 33496

*I hereby 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 all other like empowered.*

**SIGNATURE: CARIEL COHEN**

**CEO**

**08/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date