

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90074 018 ***150.00

0246587 AV

DOCUMENT # 374752

1. Entity Name
NORWIN, INC.



Principal Place of Business
2211 N.W. 39TH AVE
MIAMI FL 33142
US

Mailing Address
2211 N.W. 39TH AVE
MIAMI FL 33142
US

2. Principal Place of Business

100 N ORLANDO Avenue

Suite, Apt. #, etc.

3. Mailing Address

3901 NW 24th Ave

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip
32789

Country

USA

City & State

Miami FL

Zip
33142

Country

USA

4. FEI Number **59-1311001**

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

MCDONALD, EDWIN D.
1041 BAYVIEW DR
FT. LAUDERDALE FL 33304

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

04/09/03

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 **PD** ☐ Delete
NAME **NOORDHOEK, HAROLD**
STREET ADDRESS **300 CASUARINA CONCOURSE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete
NAME **MCDONALD, EDWIN D.**
STREET ADDRESS **1041 BAYVIEW DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **V** ☐ Delete
NAME **NOORDHOEK, GREGG**
STREET ADDRESS **12780 SW 69TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

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 ☐ 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/03

CR2E034 (10/02)