

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90339 007 ***150.00

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DOCUMENT # 564020

1. Entity Name
NORDE MANAGEMENT CORP.

Principal Place of Business
**6047 KIMBERELY BLVD.
 SUITE N
 NORTH LAUDERDALE FL 33068**

Mailing Address
**6047 KIMBERELY BLVD.
 SUITE N
 NORTH LAUDERDALE FL 33068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1784478

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERKHEIMER, JERRY D
 5851 HOLMBERG RD
 S2823
 PARKLAND FL 33067**

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.

SIGNATURE

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 **STD** Delete
 NAME **BERKHEIMER, EDWARD R.**
 STREET ADDRESS **4601 CEDARHILL RD.**
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BERKHEIMER, RANDY**
 STREET ADDRESS **7201 SW 1ST ST.**
 CITY-ST-ZIP **MARGATE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** Delete
 NAME **BERKHEIMER, JERRY D.**
 STREET ADDRESS **5851 HOLMBERG RD S2823**
 CITY-ST-ZIP **PARKLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **KONSTEN, JOSEPH M.**
 STREET ADDRESS **1061 HILLSBORO MILS**
 CITY-ST-ZIP **HILLSBORO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BERKHEIMER, JERRY D.**
 STREET ADDRESS **5851 HOLMBERG RD S2823**
 CITY-ST-ZIP **PARKLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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

4-10-02

Date

954 973-1311

Daytime Phone #

CR2E034 (9/01)