

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1784478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BERKHEIMER, JERRY D
 5851 HOLMBERG RD
 S2823
 PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	BERKHEIMER, EDWARD R.	
STREET ADDRESS	4601 CEDARHILL RD.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERKHEIMER, RANDY	
STREET ADDRESS	7201 SW 1ST ST.	
CITY-ST-ZIP	MARGATE FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMBERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KONSTEN, JOSEPH M.	
STREET ADDRESS	1061 HILLSBORO MILS	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMBERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **4-10-02** Daytime Phone #: **954 973-1311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)