FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90120 030 ***150.00

DOCUMENT # 570081

1. Entity Name
NOREL INVESTMENTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3440 SOUTH OCEAN BLVD	3440 SOUTH OCEAN BLVD
Suite, Apt. #, etc. SUITE S-506	Suite, Apt. #, etc. SUITE S-506
City & State PALM BEACH FLORIDA	City & State PALM BEACH, FLORIDA
Zip 33480 Country USA	Zip 33480 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1811214 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LEORA STERN

Street Address (P.O. Box Number is Not Acceptable): 3440 SOUTH OCEAN BLVD SUITE S-506

City: PALM BEACH **FL** Zip Code: 33480

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: Leora Stern LEORA STERN PTD 4-18-02
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) ☐

After May 1, Fee is $350.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DELETE STERN, NORMAN 3440 S OCEAN BLVD PALM BEACH 3348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANGE WALMSLEY, JANE S. 28 BELSIZE RD LONDON NW64RD ENG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHANGE STERN, LEORA 3440 S OCEAN BLVD PALM BEACH 3348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STERN, LEORA 3440 S OCEAN BLVD PALM BEACH 3348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WALMSLEY, JANE S. 28 BELSIZE RD LONDON NW6 4RD ENG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E0348 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leora Stern LEORA STERN 4-18-02 (561) 586-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #