## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 625250** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name NORAC, INC. 04-27-2000 90083 044 \*\*\*150.00 Principal Place of Business Mailing Address 4611 S UNIVERSITY DR 4611 S UNIVERSITY DR STE 441 STE 441 DAVIE FL 33328-3817 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt # etc. Suite, Apt (#) etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1913540 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, JOHN Street Address (P.O. Box Number is Not Acceptable) 15963 E WIND CIRCLE SUNRISE FL 33326 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. S. Rye, Jeanette 2530 pierce street #204 Delete TITLE TITLE ROBERTS, THOMAS III NAME NAME 4420 BOUGENVILLA DR STREET ADDRESS STREET ADDRESS Hollywood, Fl. 33020 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Change Addition Delete TITLE STEWART, JOHN A NAME NAME 15963 EAST EIND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE STEWART, VIRGINIA NAME 15963 EAST WIND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Change Addition TM John G. Stewart Delete TITLE LOPEZ, ELSIE NAME 15963 E. Wind Circle 400 LESLIE DR 824 STREET ADDRESS STREET ADDRESS Sunrise, Fl. 33326 HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 954467.4040

Daytime Phone #