

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
NORMAN A. ELIOT & CO., P.A.



Mailing Address  
9400 S DADELAND BLVD #605  
MIAMI, FL 33156

\_\_\_\_\_

4. FBI Number  
59-1989927

Applied For
Not Applicable

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

ELIOT, NORMAN A  
9400 S DADELAND BLVD #605  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

TITLE	DP
NAME	ELIOT, NORMAN A
STREET ADDRESS	9400 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	BLUMENTHAL, JOHN
STREET ADDRESS	9400 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	ELIOT, RICHARD A
STREET ADDRESS	9400 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL 33156

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 INKED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #