

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90068 021 ***150.00

DOCUMENT # 680121

1. Entity Name

NORMAN CIMENT & ASSOCIATES, INC.



Principal Place of Business

~~C/O NORMAN CIMENT~~
~~407 LINCOLN ROAD SUITE 704~~
~~MIAMI BEACH FL 33139~~
~~US~~

Mailing Address

~~407 LINCOLN RD~~
~~SUITE 704~~
~~MIAMI BEACH FL 33139~~
~~US~~

2. Principal Place of Business

1665 WASHINGTON Ave.
3RD FL.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

MIAMI Bch, FL

Suite, Apt. #, etc.

← SAME

City & State

MIAMI Bch, FL

City & State

← SAME

Zip

33139

Country

USA

4. FEI Number

59-2031625

Applied For

Not Applicable

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

CIMENT, NORMAN
~~407 LINCOLN RD~~
MIAMI BEACH FL 33139
1665 WASHINGTON Ave 3RD FL.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **CIMENT, NORMAN**
CITY-ST-ZIP ~~407 LINCOLN RD SUITE 704~~ *1665 WASHINGTON Ave*
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **AVI CIMENT**
CITY-ST-ZIP **4578 ROYAL PALM AVE**
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/28/04 305-5326-100