

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00877

1. Entity Name  
**NORSE DIESEL REPAIRS (FLORIDA), INC.**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90105 041 \*\*\*150.00

Principal Place of Business

**2144 NW 7TH AVE  
MIAMI FL 33127  
US**

Mailing Address

**C/O JEFFREY A. BERNSTEIN  
100 N. BISCAYNE BLVD. #1707  
MIAMI FL 33132  
US**

2. Principal Place of Business

**2057 S.W. Bradford Place**

3. Mailing Address

**100 N. Biscayne Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 2608**

City & State

**Palm City, FL**

City & State

**Miami, FL**

4. FEI Number

**59-0226752**

Applied For

Not Applicable

Zip

**34990**

Country

**USA**

Zip

**33132**

Country

**USA**

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

**BERNSTEIN, JEFFREY A.  
100 N. BISCAYNE BLVD., SUITE 1707  
MIAMI FL 33132**

Name

**Jeffrey A. Bernstein, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**100 N. Biscayne Blvd.**

**Suite 2608**

City

**Miami**

**FL**

Zip Code  
**33132**

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

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

(NOTE: Registered Agent signature required when reinstating)

**1/25/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
SOLVIK, JORUNN  
100 N BISCAYNE BLVD, #1707  
MIAMI FL 33132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
SOLVIK, Jorunn  
2057 SW Bradford Place  
Palm City, FL 34990** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LJórunn Solvik, President**

**1/25/01**

Date

Daytime Phone #

CR2E034 (10/00)