

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2001 90105 041 ***150.00

DOCUMENT # G00877

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

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
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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
Zip 34990	Country USA
Zip 33132	Country USA

4. FEI Number 59-0226752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BERNSTEIN, JEFFREY A. 100 N. BISCAYNE BLVD., SUITE 1707 MIAMI FL 33132	7. Name and Address of New Registered Agent 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
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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 *Jeffrey A. Bernstein* DATE 1/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SOLVIK, Jorunn 2057 SW Bradford Place Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jorunn Solvik* **LJõruññ Solvik, President** DATE 1/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)