

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002706

1. Entity Name

NORMANDY N ELEVATOR GROUP, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90103 024 ****70.00

Principal Place of Business

654 NORMANDY N
DELRAY BEACH FL 33484

Mailing Address

654 NORMANDY N
DELRAY BEACH FL 33484-4869

2. Principal Place of Business

667 NORMANDY N

3. Mailing Address

667 NORMANDY N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33484

Country

Zip

33484

Country

4. FEI Number

65-0756028

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, CURTIS G
ONE BOCA PLACE
2255 GLADES ROAD, SUITE 324-A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, SOL	
STREET ADDRESS	654 MPR,AMDU M	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAELSON, FRED	
STREET ADDRESS	657 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FLAM, MILDRED	
STREET ADDRESS	662 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, RAYMOND J	
STREET ADDRESS	667 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRIMBAN, ANN	
STREET ADDRESS	668 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGLE, ARTHUR	
STREET ADDRESS	670 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	BEN LOFCHIE	
STREET ADDRESS	658 NORMANDY N.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-2000 561-499-9584