

DOCUMENT # N97000002706

1. Entity Name
NORMANDY N ELEVATOR GROUP, INC.

Principal Place of Business Mailing Address
667 NORMANDY N 667 NORMANDY N
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

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 type="checkbox"/> Delete
NAME	LAFCHIE, BEN	
STREET ADDRESS	658 NORMANDY N	
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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Raymond J. White 1-5-01 561-499-9584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90022 007 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)