

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90104 016 \*\*\*\*70.00

**DOCUMENT # N97000002706**

1. Entity Name

**NORMANDY N ELEVATOR GROUP, INC.**

Principal Place of Business

667 NORMANDY N  
 DELRAY BEACH FL 33484

Mailing Address

667 NORMANDY N  
 DELRAY BEACH FL 33484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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. 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 reinstalling)

**7/15/02**  
 DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	

CR2E037 (4/02)

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 RELIEF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #