

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056817

1. Entity Name

NORWER, CORP.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90161 016 \*\*\*150.00

Principal Place of Business

10855 NW 50 STREET #305  
MIAMI FL 33178

Mailing Address

10855 NW 50 STREET #305  
MIAMI FL 33178

2. Principal Place of Business

3191 Coral Way  
Suite, Apt. #, etc.  
639

3. Mailing Address

3191 Coral Way  
Suite, Apt. #, etc.  
639

City & State

Miami Fla

City & State

Miami Fla

Zip

33145

Country

USA

Zip

33145

Country

USA

4. FEI Number

65-1038227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A  
782 42 AVE STE 638  
MIAMI FL 33126

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

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

TITLE **P** ☐ Delete  
NAME **REINEFELD, WERNER**  
STREET ADDRESS **10855 NW 50 STREET #305**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☐ Delete  
NAME **ALVAREZ, NORMA**  
STREET ADDRESS **10855 NW 50 STREET #305**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **TORREALBA FRANKLIN**  
CITY-ST-ZIP **3191 CORAL WAY, SUITE 639**  
**MIAMI, FL 33145**

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

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

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

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:

*Werner Reinefeld* WERNER REINEFELD

Date

Daytime Phone #

CR2E034 (10/00)