2002 Uniform Business Report (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000056817 1. Entity Name NORWER, CORP.								FILED Apr 02, 2002 8:00 am Secretary of State					
Principal Plac			Mailing Address		· ·			04-02-	2002 9003	5 / U4 3 ***	`*150.U	U	
3191 CORAL WAY 639 MIAMI FL 33145			3191 CORAL WAY 639 MIAMI FL 33145					1 1881 18 1 18 5 1 8 1		18 14 1818 2 8	19 GHZH HEID		
Suite, Apt.	ルル 3 #, etc.	6 ST.	Mailing Address 6555 NW 36 5T Suite, Apt. #, etc. 50175 302				DO NOT WRITE IN THIS SPACE						
SUITE 302 City & State MIAMI, FLORIDA			City & State MIAMI FLORIDA			,	4. FEI Number 65-1038227 Applied For Not Applied For						
^{ZIP} 33		Country U.S.A	33166			- A		Certificate of Status		Fee	75 Add Require		
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
MAZZA-MARTINEZ, TANIA A					Name REINEFELD WERNER J. Street Address (P.O. Box Number is Not Acceptable)								
782 42 AVE STE 638 MIAMI FL 33126					6555 NW 36 ST. SUITE 302								
City MIA								M) FL Zip Code 33/66					
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 pittle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Tax filing requirement and elects to do so After May 1, 2002					FEE IS \$150.00 Fee will be \$550.00 to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11		OFFICERS AND D	IRECTORS	12.		1		DITIONS/CHANGES	TO OFFICE	RS AND DI	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	REINEFELD, WERNER 10855 NW 50 STREET #305			11		RE11 655	RESIDENT EINEFELD, WERNER J. 1555 NW 36 ST SUITE 302 1164, FLOMDA 33166						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dele ALVAREZ, NORMA 10855 NW 50 STREET #305 MIAMI FL 33178			III .		DIR	LVANEZ NORMA T. SSS NW 36 ST. SOITE 307 11/21, FLORIDA 33/66					Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORREAL	LBA, FRANKLIN RAL WAY , SUITE 639	C9 belete	- 11							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	III .			•				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	11						С	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	11							Change	Addition	
indicated of the corp	on this repor poration or th	e information supplied with to tor supplemental report is to re receiver or trustee empowe chment with an address, wi	rue and accurate and that need to execute this report	nv signat	ure shall h	ave the sa	ame le	egal effect as if mad	le under oath	: that I am a	an officer i	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylore Phone #