

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91197 003 ***150.00

DOCUMENT # P00000062204

1. Entity Name

NORAC REND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4890 SW 25th Court

Suite, Apt. #, etc.

3. Mailing Address

4890 SW 25th Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Park, FL

Zip
33023

Country

City & State

Pembroke Park, FL

Zip
33023

Country

4. FEI Number

65-1019550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Caron, Charles

Street Address (P.O. Box Number is Not Acceptable)

4890 SW 25th Court

City Pembroke Park

FL

Zip Code

33023

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME Caron, Charles
STREET ADDRESS 4890 SW 25th Court
CITY-ST-ZIP Pembroke Park, FL 33023

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/02

Date

Daytime Phone #

CP2E034B (12/01)