

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90034 037 ***150.00

0022577

DOCUMENT # P00000096976

1. Entity Name
NORKA FALLS CORPORATION

Principal Place of Business
9804 SOUTHWEST 124TH STREET
MIAMI FL 33176

Mailing Address
9804 SOUTHWEST 124TH STREET
MIAMI FL 33176

2. Principal Place of Business
8888 HOWARD DRIVE

3. Mailing Address
8888 HOWARD DRIVE

Suite, Apt. #, etc.
376

Suite, Apt. #, etc.
376

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33176

Zip
33176



DO NOT WRITE IN THIS SPACE

65-1068887

4. FEJ Number
APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ANA ALEITE
 Street Address (P.O. Box Number is Not Acceptable)
9804 SW. 124 STREET
 City
MIAMI, FL Zip Code
33176

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 **Ana Aleite**
 Signature, typed or printed name of registered agent and title if applicable.

ANA ALEITE, PD
 (NOTE: Registered Agent signature required when reinstating)

4/30/01
 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
PD
 NAME
ALEITE, ANA
 STREET ADDRESS
9804 SOUTHWEST 124TH STREET
 CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

TITLE
SD
 NAME
ALEITE, JOYCE
 STREET ADDRESS
9804 SOUTHWEST 124TH STREET
 CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

TITLE
TD
 NAME
SANIN, ROCIO
 STREET ADDRESS
9804 SOUTHWEST 124TH STREET
 CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: **Ana Aleite**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
 Date

(904) 943-0984
 Daytime Phone #

CR2E034 (10/00)