FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90414 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096976

1. Entity Name: NORKA FALLS CORPORATION

669950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8888 HOWARD DRIVE		9804 SW 124 STREET	
Suite, Apt. #, etc: SUITE 376		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33176	Country: USA	Zip: 33176	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1068887 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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: [signature] ANA ALEITE, DIRECTOR 5/7/02
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 / Street Address / City-St-Zip	
TITLE	PD
NAME	ANA ALEITE
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	~~MIAMI FL 33176~~
TITLE	TD
NAME	ROCIO SANIN
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD
NAME	JOYCE ALEITE
STREET ADDRESS	9804 SW 124 STREET
CITY-ST-ZIP	~~MIAMI FL 33176~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANA ALEITE, DIRECTOR 5/7/02 (305)232-2768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #