

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90120 001 17,550.00

DOCUMENT # P01000001078

1. Entity Name
NORWOOD GROUP INC.

Principal Place of Business
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address
343 ALMERIA AVENUE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 Southwest 22 Street

3. Mailing Address
1840 Southwest 22 Street

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33145

Zip Country
33145

4. FEI Number

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
Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
 City
Miami **FL** Zip Code
33145

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.
Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera
 Signature, type or printed name of the person signing this report

Natalia Utrera, Vice President

(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, 2002 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
D
 NAME
Sanchez, Elsie
 STREET ADDRESS
1840 Southwest 22 Street, 4th Floor
 CITY-ST-ZIP
Miami, FL 33145

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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 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:

SIGNATURE REQUIRED

Elsie Sanchez

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)