2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 023 ***150.00

DOCUMENT # P01000022700

1. Entity Name

NORD LIMITED, INC.

Principal Place of Business	Mailing Address
95 Merrick Way Suite 440 Coral Gables, FL 33134	c/o Louis Thaler, P.A. 95 Merrick Way Suite 440 Coral Gables FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applied For X

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THALER, LOUIS ESQ 241 SEVILLA AVE STE 805 CORAL GABLES FL 33134	Name: LOUIS THALER, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 95 Merrick Way Suite 440 City: Coral Gables FL Zip Code: 33134

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: JUAN E. JOCHAMOWITZ — Signature, typed or printed name of registered agent and title if applicable.

LOUIS THALER, ESQUIRE — (NOTE: Registered Agent signature required when reinstating)

3-4-02 — 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD ☐ Delete NAME: JOCHAMOWITZ, JUAN E STREET ADDRESS: AV.DE EJERCITO, 530 MIRAFLORES CITY-ST-ZIP: LIMA 18, PERU, S.A.	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VD ☐ Delete NAME: JOCHAMOWITZ, ERNESTO STREET ADDRESS: AV.DE EJERCITO, 530 MIRAFLORES CITY-ST-ZIP: LIMA 18, PERU, S.A.	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: TD ☐ Delete NAME: JOCHAMOWITZ, DENISE STREET ADDRESS: AV.DE EJERCITO, 530 MIRAFLORES CITY-ST-ZIP: LIMA 18, PERU, S.A.	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SD ☐ Delete NAME: JOCHAMOWITZ, MICHELLE STREET ADDRESS: AV.DE EJERCITO, 530 MIRAFLORES CITY-ST-ZIP: LIMA 18, PERU, S.A.	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: JUAN E. JOCHAMOWITZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

(305)446-0100