


FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90182 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023683	
1. Entity Name Norsewood Properties, Inc.	

10016099

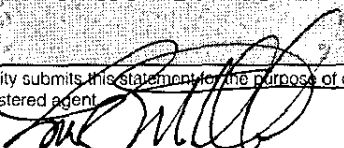
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 777 Brickell Avenue Suite, Apt. #, etc. Suite 1070 City & State Miami, Florida Zip 33131 Country USA	3. Mailing Address 777 Brickell Avenue Suite, Apt. #, etc. Suite 1070 City & State Miami, Florida Zip 33131 Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1131687		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Louis R. Montello		
	Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue, Suite 1070		
	City Miami	FL	Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/21/03**

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	D P	NAME	
STREET ADDRESS	Zoltan Raffai	STREET ADDRESS	
CITY-ST-ZIP	777 Brickell Avenue, Suite 1070	CITY-ST-ZIP	
	Miami, FL 33131		
NAME	D V T S	NAME	
STREET ADDRESS	Zoltan Raffai, Jr.	STREET ADDRESS	
CITY-ST-ZIP	777 Brickell Avenue, Suite 1070	CITY-ST-ZIP	
	Miami, FL 33131		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Zoltan Raffai, Jr.	1/21/03	(305) 531-4713
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)