

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90394 008 ***150.00

DOCUMENT # P01000040003

1. Entity Name
NORLAND HEIGHTS, INC.



Principal Place of Business
13899 BISCAYNE BLVD SUITE 310
MIAMI FL 33181

Mailing Address
13899 BISCAYNE BLVD SUITE 310
MIAMI FL 33181

2. Principal Place of Business
11900 Biscayne Blvd
Suite, Apt. #, etc.
805

3. Mailing Address
P.O. Box 611473
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33181
Country
USA

City & State
Miami FL
Zip
33261
Country
USA

4. FEI Number **65-1094790**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SCHNEIDER, LAURENCE
13899 BISCAYNE BLVD #310
COMMERCIAL POINT
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **Laurence Schneider**
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd #805
City **Miami** **FL** **Zip Code** **33181**

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 Laurence Schneider - Pres/Director 2/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, LAURENCE S	
STREET ADDRESS	13899 BISCAYNE BLVD SUITE 310 #1900	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	11900 Biscayne Blvd	<input type="checkbox"/> Delete
NAME	Suite	
STREET ADDRESS	Miami, FL 33181	
CITY-ST-ZIP	805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence Schneider - Pres/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)