

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90038 010 ***150.00

DOCUMENT # P01000046974

1. Entity Name

N. CARON INCORPORATED

Principal Place of Business

**518 S W 6TH AVENUE
 FT. LAUDERDALE FL 33315**

Mailing Address

**518 S W 6TH AVENUE
 FT. LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address

**HARRISON, NANCY C
 518 S W 6TH AVENUE
 FT. LAUDERDALE FL 33315**

*same person
 Name changed
 ← Nancy C. Bordan*

8. The above named entity submits the

SIGNATURE

Signature, typed or printed name

9. This corporation is eligible to satisfy the
 Tax filing requirement and elects to
 (See criteria on back)

11. C

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
 HARRISON, NANCY C
 518 S W 6TH AVENUE
 FT. LAUDERDALE FL 33315**

NAME

STREET ADDRESS

CITY-ST-ZIP

NANCY C. BORDAN

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C Bordan **NANCY C BORDAN** 4/25/02 954-767-9964
 (formerly Harrison)

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1106558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FL

Zip Code

tered agent, or both, in the State of Florida.

ired when reinstating)

DATE

state

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)