

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90047 043 ***150.00

DOCUMENT #

1. Entity Name

NORMANDY INVESTMENTS INC
PO1000050050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 COLLINS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

#1811

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

4. FEI Number

01/0673383

Applied For

Not Applicable

Zip

33140

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RUBEN FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

2401 COLLINS AVE #1811

City

MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME RUBEN FERNANDEZ
STREET ADDRESS 2401 COLLINS AVE #1811
CITY-ST-ZIP MIAMI BEACH FL 33140

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RUBEN FERNANDEZ

RUBEN FERNANDEZ

04/26/02 (305) 531-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)