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**FILED**
**Jul 09, 2002 8:00 am**
**Secretary of State**
05-14-2002 90273 032 ***150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053364

1. Entity Name
NORDICTECH PARTNERS CORP.

38332 [redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MARC H. AUERBACH, ESQ.<br>201 S. BISCAYNE BLVD., 20TH FL<br>MIAMI FL 33131 | C/O MARC H. AUERBACH, ESQ.<br>201 S. BISCAYNE BLVD., 20TH FL<br>MIAMI FL 33131 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4000 TOWERSIDE TER. | 4000 TOWERSIDE TER. |
| Suite, Apt. #, etc.: 808 | Suite, Apt. #, etc.: 808 |
| City & State: MIAMI, FLORIDA | City & State: MIAMI, FLORIDA |
| Zip: 33138 Country: DADE, USA | Zip: 33138 Country: USA |

4. FEI Number: 65-1116796 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| AUERBACH, MARC H ESQ<br>201 S. BISCAYNE BLVD., 20TH FL<br>MIAMI FL 33131 | Name: KRISTEN MUSTAD<br>Street Address (P.O. Box Number is Not Acceptable): 4000 TOWERSIDE TER<br>Ste 808<br>City: MIAMI, FL FL Zip Code: 33138 |

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] KRISTEN MUSTAD DATE: 6/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE: DIP<br>NAME: Kristen Mustad<br>STREET ADDRESS: 848 Brickell Ave, #1200<br>CITY-ST-ZIP: Miami FL 33131 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE: CHAIRMAN<br>NAME: OLE MUSTAD<br>STREET ADDRESS: 3923 NE 214 St<br>CITY-ST-ZIP: AVENTURA, FL 33180 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE: DIRECTOR<br>NAME: FERNANDO MARTINEZ ITURRIZA<br>STREET ADDRESS: 4000 TOWERSIDE TERR. #710<br>CITY-ST-ZIP: MIAMI, FL 33138 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (9/01)

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 REQUIRED 6/28/02 305 439 1663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #