

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90166 006 ***150.00

DOCUMENT # P01000079883

1. Entity Name
NORI'S CREATIONS, INC.



Principal Place of Business

**921 W. 80TH PLACE
HIALEAH FL 33012**

Mailing Address

**921 W. 80TH PLACE
HIALEAH FL 33012**

2. Principal Place of Business

**440 E 23 Street
Suite, Apt. #, etc. 1513**

3. Mailing Address

**440 E 23 Street
Suite, Apt. #, etc. 1513**

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33013

Country
USA

Zip
33013

Country
USA

4. FEI Number **65-1146282**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABRERA, NORIS
928 W. 80TH PLACE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **Noris Cabrera**

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

440 E 23 Street # 1513

City **Hialeah**

FL

Zip Code **33013**

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 **Noris Cabrera**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete
NAME **CABRERA, NORIS**
STREET ADDRESS **928 W. 80TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Noris Cabrera**
STREET ADDRESS **440 E 23 Street, # 1513**
CITY-ST-ZIP **Hialeah, FL 33013**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03(305)694 8938

Date

Daytime Phone #

CR2E034 (10/02)