2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 18, 2002 8:00 am P01000084393 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90008 029 ***150.00 NORSTAR HOMES, INC. Mailing Address Principal Place of Business 20 S.E. 13TH ST. 20 S.E. 13TH ST. **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Apt. #, etc. Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHU, HARRY Street Address (P.O. Box Number is Not Acceptable) 20 S.E. 13TH ST. BOCA RATON FL 33432 ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE d Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) PRESIDENT Change ☐ Addition ☐ Delete TITLE TITLE NAME HARRY Chy NAME CR2E034 20 SE 13Th ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director proposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied of the corporation or the rechanged, or on an attacl

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR