

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90008 005 ***150.00

DOCUMENT # P01576
 1. Entity Name
NORMEL MARKETING ASSOCIATES INC.

Principal Place of Business Mailing Address
122 EAST 42ND ST. **122 EAST 42ND ST.**
SUITE 2800 **SUITE 2800**
NEW YORK NY 10168 **NEW YORK NY 10168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2 GROVE ISLE DR. **2 GROVE ISLE DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1410 **#1410**
 City & State City & State
Coconut Grove, Fla **COCONUT GROVE FLA**
 Zip Country Zip Country
33133 **DADE** **33133** **DADE**

4. FEI Number **13-3200249** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, NORMAN
2 GROVE ISLE DRIVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name ---
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, NORMAN	
STREET ADDRESS	2 GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIEGEL, ELEANOR	
STREET ADDRESS	2 GROVE ISLE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Norman Siegel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2002 3058565061
 Date Daytime Phone #

UB/0003 AI

CR2E034 (9/01)