

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23242

1. Entity Name

NORMANDY CORP. N.V.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90122 046 \*\*\*150.00

Principal Place of Business

1940 BAY DR., APT. #1  
MIAMI BEACH FL 33141

Mailing Address

P.O. BOX 415127  
MIAMI FL 33141-5127  
US

2. Principal Place of Business

1940 BAY DR.

Suite, Apt. #, etc.

APT # 11

3. Mailing Address

POBOX 415127

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI FL

Zip

33141

Country

USA

Zip

33141-5127

Country

USA

4. FEI Number

65-0008678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, LILLIAN  
1940 BAY DR APT #1  
MIAMI BCH. FL 33141

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELIAS, LILLIAN 1940 BAY DR., APT. #1 MIAMI BEACH FL 33141	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIAS, ARMANDO 1940 BAY DR, APT 1 MIAMI BEACH FL 33141	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, MARIANNE 1940 BAY DR, APT 1 MIAMI BEACH FL 33141	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1940 BAY DR. APT # 11 M.B. FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1940 BAY DR. APT # 11 M.B. FL. 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1940 BAY DR. APT 10 M.B. FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.7.00

Date

305-864-2839

Daytime Phone #

CR2E034 (9/99)