

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90098 013 \*\*\*150.00

**DOCUMENT # P92000012398**

**1. Entity Name**  
**NOGE INVESTMENTS, INC.**

**Principal Place of Business**

**777 BRICKELL AVE.**  
**5TH FLOOR**  
**MIAMI FL 33131**  
**US**

**Mailing Address**

**777 BRICKELL AVE.**  
**5TH FLOOR**  
**MIAMI FL 33131**  
**US**

**2. Principal Place of Business**

**1001 Brickell Bay Dr.**

Suite, Apt. #, etc.

**Suite 2908**

City & State

**Miami, FL**

Zip

**33131**

Country

**U.S.A.**

**3. Mailing Address**

**1001 Brickell Bay Dr.**

Suite, Apt. #, etc.

**Suite 2908**

City & State

**Miami, FL**

Zip

**33131**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0375887**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SLC CORPORATE SERVICES INC.**

**777 BRICKELL AVE.**

**STE 500**

**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name

**SLC Corporate Services, Inc.**

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

**1001 Brickell Bay Dr., Ste. 2908**

City

**Miami**

**FL**

Zip Code

**33131**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD**  
**CANTOR, STEVEN L** ☐ Delete  
**777 BRICKELL AVE. 5TH FLOOR.**  
**MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD** ☒ Change ☐ Addition  
**Cantor, Steven L**  
**1001 Brickell Bay Dr., Ste. 2908**  
**Miami, FL 33131**

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 another like empowered.**

**SIGNATURE:**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/02**

**305-374-3886**

CR2E034 (9/01)

Attachment # P92000012398

**LOURDES C. CAMBO**  
**LAW OFFICES**  
**STEVEN L. CANTOR, P.A.**  
**BRICKELL BAY OFFICE TOWER**  
**1001 Brickell Bay Drive-Suite 2908**  
**Miami, Florida 33131**  
**Telephone (305) 374-3886**  
**Facsimile (305) 371-4564**  
**E-Mail: Lourdes@stevencantor.com**  
**Website: www.stevencantor.com**

416488

February 15, 2002

**Via Certified Mail and Return**  
**Receipt Requested #7000-1670-0005 4654 6528**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

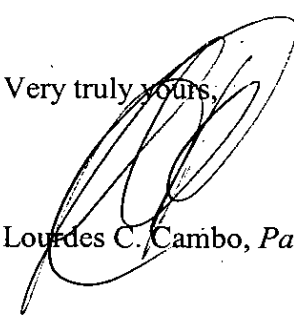
RE: Noge Investments, Inc.

Dear Sir/Madam:

Enclosed please find the original fully executed 2002 Uniform Business Report for the above referenced corporation. I have also enclosed a check in the amount of \$150.00 payable to Department of State representing the applicable filing fee for the corporation.

Thank you for your kind attention and assistance regarding this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Lourdes C. Cambo, *Paralegal*

Enclosure

H:\DOCS\LOURDES\Annual Reports\Chester\2002 fla print ltr.doc