

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-01-2001 91316 034 ***150.00

DOCUMENT # P93000008675

1. Entity Name

NORACAR OF PALM BEACH, INC.

Principal Place of Business

6969 NE 8TH DR.
BOCA RATON FL 33487

Mailing Address

6969 NE 8TH DR.
BOCA RATON FL 33487

2. Principal Place of Business

250 E. ROYAL PALM RD.

Suite, Apt. #, etc.

1C

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

3. Mailing Address

250 E. ROYAL PALM RD.

Suite, Apt. #, etc.

1C

City & State

BOCA RATON, FL.

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0398067

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETZ, NOELLA R

6969 NE 8TH DR.

BOCA RATON FL 33487

250 E. ROYAL PALM RD # 1C
BOCA RATON, FL. 33432

7. Name and Address of New Registered Agent

Name

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

250 E. ROYAL PALM RD # 1C

City

BOCA RATON

FL

Zip Code

33432

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, 2001 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	P	NAME	DIETZ, NOELLA R	STREET ADDRESS	6969 NE 8TH DR.	CITY-ST-ZIP	BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE	V	NAME	DIETZ, JOHN F JR	STREET ADDRESS	6969 NE 8TH DR	CITY-ST-ZIP	BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	NOELLA R. DIETZ	STREET ADDRESS	250 E. ROYAL PALM RD # 1C	CITY-ST-ZIP	BOCA RATON, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	NAME	JOHN DIETZ, JR	STREET ADDRESS	250 E. ROYAL PALM RD. # 1C	CITY-ST-ZIP	BOCA RATON, FL. 33432	<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
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

Date

Daytime Phone #

2/26/01 561-620-8871

CR2E034 (10/00)