

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90225 033 ***150.00

DOCUMENT # P94000002555

1. Entity Name

Norapt, Inc.

Principal Place of Business

**8211 West Broward Blvd.
Suite 200
Plantation, FL 33324**

Mailing Address

**8211 West Broward Blvd.
Suite 200
Plantation, FL 33324**

2. Principal Place of Business

8211 West Broward Blvd.

3. Mailing Address

8211 West Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Suite 200
Plantation, FL**

City & State

Plantation, FL

Zip

33324

Country

33324

Country

4. FEI Number

65-0484298

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

David Torchin, C.P.A.

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

8211 West Broward Blvd.**Suite 200**

City

Plantation**FL**

Zip Code

33324

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.

David Torchin, C.P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/019. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President/Director Marita Sebestyen 8211 West Broward Blvd., Suite 200 Plantation, FL 33324			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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:

M. Sebestyen**MARITA SEBESTYEN, PRFS.****3/26/01 (954) 472-3124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)