

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90619 001 ***750.00

DOCUMENT # P95000094124

1. Entity Name

NORLAND, INC.

Principal Place of Business

**11 ALSTON ROAD
 PALM BEACH GARDENS FL 33418**

Mailing Address

**% SALOMON WAINBERG
 2121 PONCE DE LEON BLVD. SUITE 1100
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

3. Mailing Address

C/O Transoceanic

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19495 Biscayne Blvd. #805

City & State

City & State

Aventura, Florida

4. FEI Number

65-0634113

Applied For

Not Applicable

Zip

Country

33180

Country

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

**FISCH, RALPH
 11 ALSTON ROAD
 PALM BEACH GARDENS FL 33418**

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, 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 **D** ☐ Delete
 NAME **VEALE, WILLIAM J**
 STREET ADDRESS **399 PARK AVE, 27TH FLOOR, BOX 27C**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME **153 E. 61ST**
 STREET ADDRESS **100 21**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WAINBERG, SOLOMON**
 STREET ADDRESS **2121 PONCE DE LEON BLVD, STE 1100**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)