

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90232 035 ***150.00

DOCUMENT # P96000036306

1. Entity Name
NORDICA ENGINEERING SERVICES, INC.

Principal Place of Business

500 NE 191ST STREET
MIAMI FL 33179

Mailing Address

500 NE 191ST STREET
MIAMI FL 33179

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0678417**

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

GOLD, ZVI CPA
2121 PONCE DE LEON BLVD.
STE 1100
CORAL GABLES FL 33134

Name

same

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PETERSSON, ROY**
STREET ADDRESS **430 ANSIN BLVD., UNIT #C**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **PD** ☒ Change ☐ Addition
NAME **PETERSSON, ROY**
STREET ADDRESS **500 NE 191ST**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **S** ☐ Delete
NAME **PETERSSON, EVA**
STREET ADDRESS **430 ANSIN BLVD., UNIT #C**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **S** ☒ Change ☐ Addition
NAME **PETERSSON, EVA**
STREET ADDRESS **500 NE 191ST**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 (305) 249-8680

CR2E034 (9/01)