

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 014 ***150.00

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DOCUMENT # P96000044963

1. Entity Name
NORAM, INC.



Principal Place of Business
**329 N. FEDERAL HWY.
POMPANO BEACH FL 33062
US**

Mailing Address
**1460 SW 85TH TERR
PEMBROKE PINES FL 33025**



2. Principal Place of Business
6333 HARBOR BEND

3. Mailing Address
6333 HARBOR BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL.

City & State
MARGATE, FL.

4. FEI Number **65-0673935**

Applied For
Not Applicable

Zip Country
33063 U.S.

Zip Country
33063 U.S.

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

**SADEK, HUSSAM
1460 SW 85TH TERR
PEMBROKE PINES FL 33025**

Name
HUSSAM . SADEK

Street Address (P.O. Box Number is Not Acceptable)
6333 HARBOR BEND

City Zip Code
MARGATE FL 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HUSSAM SADEK
Signature, typed or printed name of registered agent and title if applicable.

HV
(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SADEK, HUSSAM**
STREET ADDRESS **1460 SW 85TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ Change ☐ Addition
NAME **HUSSAM SADEK**
STREET ADDRESS **6333 HARBOR BEND**
CITY-ST-ZIP **MARGATE, FL. 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED HUSSAM SADEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 954-257-7336
Date Daytime Phone #

CR2E034 (10/02)