## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000065664**

1. Entity Name

## NORCRIS INDUSTRIES OF DADE COUNTY, FLORIDA, INC.

Principal Place of Business Mailing Address 710 COCO PLUM CIRCLE 710 COCO PLUM CIRCLE PLANTATION FL 33324-3751 PLANTATION FL 33324

**FILED** May 07, 2000 8:00 am Secretary of State

05-07-2000 90038 033 \*\*\*150.00



2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address		A INDEXIDATE VER ARE REPORTED FROM CONTRACT OF THE CONTRACT OF		
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		City & State	<u> </u>	4. FEI Number 65-0685209 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
· ·			Name			
FEINBERG, CRISTINE 710 COCO PLUM CIRCLE #5 PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code		
8. The above	named entity submits this statement and entity submits the statement and entities and entities and entities and entities are statement and entities and entities are statement and entities and entities are statement and entitles are statement and entities are statement and entities are statement and entities are statement and entities are statement and entitles are statement and entities		ts registered office or re	e 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)		After MAY 1, 2  Make Check Pay	V!!! FEE IS \$150.00 2000 Fee will be \$55 able to Department o	50.00 Trust Fund Contribution. Added to Fees		
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINBERG, CRISTINE 710 COCO PLUM CIRCLE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }		
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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:** 

RISTINE FEINDERL FFICER OR DIRECTO