

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90068 044 ***158.75

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DOCUMENT # P97000046662

1. Entity Name
NORTRONIC CORP.

Principal Place of Business
8296 NW 56TH STREET
MIAMI FL 33166

Mailing Address
8296 NW 56TH STREET
MIAMI FL 33166



2. Principal Place of Business
8753 NW 56 ST
 Suite, Apt. #, etc.

3. Mailing Address
8701 NW 66 ST
 Suite, Apt. #, etc.
Suite 3

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
 Country
US

City & State
Miami, FL
 Zip
33166
 Country
US

4. FEI Number
65-0760908

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOARES, DIVINO M
8296 N.W. 56TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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 _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
PSD	FRAGA, GERALDO B	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8296 NW 56TH STREET	MIAMI FL 33166		
VTD	SOARES, DIVINO M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8296 NW 56TH STREET	MIAMI FL 33166		
<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: **SIGNATURE REQUIRED, D** 1/10/02 305-436-5890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)