

2000 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED

May 12, 2000 8:00 am
Secretary of State

04-18-2000 90173 018 ***150.00

DOCUMENT # P98000103509

1. Entity Name

NORDICAM TRADING, INC.

Principal Place of Business

8835 RAMBLEWOOD DR. #1602
CORAL SPRINGS FL 33071

Mailing Address

8835 RAMBLEWOOD DR. #1602
CORAL SPRINGS FL 33071-4307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



65-0988538 DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUYSMAN, MICHEL
2000 S. DIXIE HIGHWAY
SUITE 100-M
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Rachel Svenman

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

8835 Ramblewood Dr. # 1602

City Coral Springs

FL

Zip Code 33071

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)

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FILE NOW!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SVENMAN, RACHEL
STREET ADDRESS 100 N BISCAYNE BLVD #2608
CITY-ST-ZIP MIAMI FL 33132

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Rachel Svenman President
NAME
STREET ADDRESS 8835 Ramblewood Dr. # 1602
CITY-ST-ZIP Coral Springs FL 33071

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: Rachel Svenman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

Date

(954) 240-7279

Daytime Phone #

CRDENR 10/00