

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90096 011 ***150.00

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DOCUMENT # P98000103509

1. Entity Name

NORDICAM TRADING & CONSULTING, INC.

Principal Place of Business

~~8835 RAMBLEWOOD DR. #1602~~
CORAL SPRINGS FL 33071

Mailing Address

~~8835 RAMBLEWOOD DR. #1602~~
CORAL SPRINGS FL 33071

2. Principal Place of Business

10100 NW 2 st

Suite, Apt. #, etc.

3. Mailing Address

10100 NW 2 st

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0988588

Applied For

Not Applicable

Zip

33071

Country

Zip

33071

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SVENMAN, RACHEL
8835 RAMBLEWOOD DRIVE # 1602
CORAL SPRINGS FL 33071

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

DI

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SVENMAN, RACHEL**
STREET ADDRESS **8835 RAMBLEWOOD DRIVE # 1602**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Rachel Svenman**
STREET ADDRESS **10100 NW 2 st**
CITY-ST-ZIP **Coral Springs FL 33071**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Rachel Svenman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08-02

Date

(954) 709-9022

Daytime Phone #

CR2E034 (9/01)