

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-21-2001 90352 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

1. Entity Name

NORDAIR INC

Principal Place of Business

Mailing Address

1720 NE 140ST

N. MIAMI FL 33181

1. Principal Place of Business

1720 NE 140ST

1. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

4. FEI Number

65-0901753

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ulrick PIERRE-LOUIS

1720 NE 140ST

N. MIAMI FL 33181

Name

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

City

FL

Zip Code

10. 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 of officer or person in charge of registered agent and the if applicable

NOTE: Registered Agent signature required when necessary

DATE

11. This corporation is eligible to satisfy its franchise law filing requirement and elects to do so. (See criteria on back) ☐12. Election Campaign/Financing Trust Fund Contribution. ☐

\$5.00 May Lie Added to Fees

11. OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ulrick PIERRE-LOUIS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT
Ulrick PIERRE-LOUIS
1720 NE 140ST☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

N. MIAMI FL 33181

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date of report

CPC2004 (1/00)