

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 17 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022141

1. Entity Name

NORDAIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1720 NE 140 STREET

Suite, Apt. #, etc.

3. Mailing Address

1720 NE 140 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

4. FEI Number

65-0901753

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
PIERRE-LOUIS, ULRICK

Street Address (P.O. Box Number is Not Acceptable)
1720 NE 140 STREET

City
NORTH MIAMI

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	PIERRE-LOUIS, ULRICK
STREET ADDRESS	1720 NE 140 STREET
CITY- ST- ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	VP
NAME	CETOUTE, JEAN-MICHEL
STREET ADDRESS	2260 NW 162 TERR
CITY- ST- ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	700006066927--5
CITY- ST- ZIP	-06/27/02--01049--018
TITLE	
NAME	
STREET ADDRESS	*****61.25 *****61.25
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AMENDED UBR

CR2E034B (12/01)