

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000048795

FILED
Sep 16, 2002
Secretary of State

Entity Name: NORFORD, INC.

Current Principal Place of Business:

6510 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

4101 SANTA MARIA ST
CORAL GABLES, FL 33146 US

Current Mailing Address:

6510 RIVIERA DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

4101 SANTA MARIA ST
CORAL GABLES, FL 33146 US

FEI Number: 65-0926883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, J. FROST III
100 W SUNRISE AVENUE
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEVINE, R. BRADFORD
Address: 6510 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: DST () Delete
Name: FRASER, NORMA P
Address: 6510 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEVINE, R. BRADFORD
Address: 4101 SANTA MARIA ST.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DST (X) Change () Addition
Name: FRASER, NORMA P
Address: 4101 SANTA MARIA ST.
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA P. FRASER

DST

09/16/2002

Electronic Signature of Signing Officer or Director

Date