

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90226 006 \*\*\*150.00

0404979  
AV

**DOCUMENT # P99000075099**

1. Entity Name  
**NORMAN NIERENBERG, INC.**



Principal Place of Business  
**7217 PROMENADE DRIVE  
BOCA RATON FL 33433**

Mailing Address  
**7217 PROMENADE DRIVE  
BOCA RATON FL 33433**



2. Principal Place of Business  
**7217 PROMENADE DR**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**APT-C-501**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**

City & State

4. FEI Number **65-0920166**

Applied For  
Not Applicable

Zip **33433** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIERENBERG, NORMAN  
7217 PROMENADE DRIVE  
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **NIERENBERG, NORMAN**  
STREET ADDRESS **7217 PROMENADE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **VPT** ☐ Delete  
NAME **NIERENBERG, ALMA**  
STREET ADDRESS **7217 PROMENADE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NORMAN NIERENBERG**

**4.28.03**

**561 383 6671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)