

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90150 036 \*\*\*150.00

**DOCUMENT # S64334**

**1. Entity Name**  
**NORSEMAN DEVELOPMENT CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**546 N.E. 31ST STREET**      **546 N.E. 31ST STREET**  
**MIAMI FL 33137**      **MIAMI FL 33137**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number** **65-0274542**      **Applied For**  
☐ **Not Applicable**

**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**

**WOHL, ROBERT**  
**546 N.E. 31 ST.**  
**MIAMI FL 33137**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ **Delete**  
**NAME** **WOHL, ROBERT**  
**STREET ADDRESS** **546 NE 31 ST**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** **DTS** ☐ **Delete**  
**NAME** **WOHL, AGNES**  
**STREET ADDRESS** **546 NE 31 STREET**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** **DV** ☐ **Delete**  
**NAME** **GOLD, CAROLYN**  
**STREET ADDRESS** **546 NE 31 ST.**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:** *Robert Wohl*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/9/2001* *305* *571-8284*  
**Date** **Daytime Phone #**

CR2E034 (10/00)