

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11568

1. Entity Name
NORCORP INC.

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

05-10-2001 90178 046 ***150.00

Principal Place of Business
2440 RIVERLANE TERRACE
FT. LAUDERDALE FL 33312

Mailing Address
2440 RIVERLANE TERRACE
FT. LAUDERDALE FL 33312

2. Principal Place of Business
2380 SW 34 ST.
Suite, Apt. #, etc.
BAY A

3. Mailing Address
P.O. Box 934395
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL.
Zip
33312
Country
USA

City & State
MARGATE, FL.
Zip
33093
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0319980
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDMAN, NORMA
2440 RIVERLANE TERRACE
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2615 Dagoon Ave.
City Coconut Creek, FL Zip Code 33063

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) ☐

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

TITLE
NAME P SEIDMAN, NORMA
STREET ADDRESS 2440 RIVERLAND TERR
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
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)(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: Norma Seidman Norma Seidman 4/26/01 954-581-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0254458

CR2E034 (10/00)