2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000001515 DOCUMENT

1. Entity Name

NOVUS INSURANCE TAGS & TITLE AGENCY INC.



Apr 17, 2003 8:00 am Secretary of State

				NE VE 18 S				
Principal Place of Business 3 WEST HILLSBOROUGH BLVD DEERFIELD BEACH FL 33441		Mailing Address 541 SOUTH STATE RD 7 1 MARGATE FL 33068						
2. Principal F	Place of Business E. HILLS BORDUGH	3. Mailing Address				66111 16 111 5618		11481 BIH 1884
Suite, Apt.		Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING C	HANGES	
City & Stat	FIELD BEACH, PLA.	City & State			hh-10/8/08			oplied For ot Applicable
^{Zi} 334	41 BROWARD.	Zìp	Country		5. Certificate of Status Desired		3.75 Add e Require	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Re-	gistered Age	ent	
GIANI, PA	BLO H	Service and	Nan	<u> </u>	·			
715 BANK			Stre	et Address (P.	P.O. Box Number is Not Acceptable)			
MARGATE	FL 33063							
			City			FL	Zip Code	е
	named entity submits this statement follows of registered agent.	or the purpose of changing i	its registered offic	e or registere	d agent, or both, in the State of Flori	da. I am farr	iliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	OTE: Registered Agent s	ignature required v	when reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	• • • • • • • • • • • • • • • • • • •	<u></u>		Election Campaign Fina Trust Fund Contribution.			O May Be I to Fees
10.	OFFICERS AND		11.	.	ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR!	S IN 11
TITLE 4	P	. Delete	TITLE	<u> </u>			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GIANI, PABLO H 715 BANKS ROAD MARGATE FL 33063		NAME STREET ADDRE CITY-ST-ZIP	ESS				
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CITY-ST-ZIP	<u>.</u>		CITY-ST-ZIP					
12. Thereby of	certify that the information supplied will	h this filing d d es not qualify f	or the exemption	stated in Sect	tion 119.07(3)(i) Florida Statutes, Lfo	irther certify	that the in	oformation [

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 emptwered to execute this report as rewrited by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empty response to the corporation of the corp

SIGNATURE: