

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90070 020 \*\*\*150.00

DOCUMENT # **P97000016821**

1. Entity Name

**NOVIS II, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12831 S. CALUSA CLUB DR.**

3. Mailing Address

**15983 SW 85 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0763637**

Applied For

Not Applicable

Zip **33186**

Country **USA**

Zip **33193**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **CORTINOVIS, CARLO.**

Street Address (P.O. Box Number is Not Acceptable)

**12831 S. CALUSA CLUB DR.**

City **MIAMI**

**FL**

Zip Code **33186**

**DO NOT WRITE IN THIS SPACE**

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)

January 1 - May 1 Fee is \$30.00  
After May 1 Fee is \$55.00  
Amended UBR is \$61.25  
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 STREET ADDRESS CITY-ST-ZIP	<b>PD CORTINOVIS, CARLO 12831 S. CALUSA CLUB DR. MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST CORTINOVIS, MARIA A. 12831 S. CALUSA CLUB DR. MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **CARLO CORTINOVIS** **4-26-01 (305)6299980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #