

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90108 024 \*\*\*150.00

DOCUMENT # **F44846**

1. Entity Name

**NOVA RESTAURANTS INC.**

Principal Place of Business

Mailing Address

**4770 BISCAYNE BLVD**  
~~STE 1410~~  
~~MIAMI FL 33137~~

**P O BOX 43-2720**  
**MIAMI FL 33243**  
**US**

2. Principal Place of Business

**7225 SW 68th St**

3. Mailing Address

Suite, Apt. #, etc.

**#10**

City &amp; State

**Miami FL**

4. FEI Number

**59-2292211**

Applied for

Not Applicable

Zip

**33146**

Country

**US**

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

**JOYCE, RICHARD F III**  
~~9555 N KENDRALL DRIVE, SUITE #101~~  
~~MIAMI FL 33176~~

Name

**EMILIO CABRERA**

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

**7225 SW 68th St #10****Miami**

City

**FL**

Zip Code

**33146**

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

**Emilio Cabrera, President**

(NOTE: Registered Agent signature required when "reinstating")

DATE

**4/17/01**

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

| 11. OFFICERS AND DIRECTORS                        |                                                                                                                                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                     |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>PD</b><br><b>CABRERA, EMILIO, JR.</b><br><del>4770 BISCAYNE BLVD, SUITE #1410</del><br><del>MIAMI FL 33137</del>                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7225 SW 68th St #10</b><br><b>Miami FL 33146</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete<br><b>ST</b><br><b>CABRERA, HILDA I</b><br><del>4770 BISCAYNE BLVD, SUITE #1410</del><br><del>MIAMI FL 33137</del> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7225 SW 68th St #10</b><br><b>Miami FL 33146</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Hilda I. Cabrera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hilda I. Cabrera**

Date

**4/17/01 (305) 805-7551**

Office Phone

CR2E034 (10/00)