Amended 2000 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nar		المحاصدية				FIL SECRETARY	ED OF STAT	E		
Nova Books, Inc.										
Principal Place of Business Mailing Address						00 DEC 26	PH IZ. 3) J		
3301 College Ave. P.O. Box 290670										
Rosenthal Student Ctr Ft. Lauderdale, FL						-				
Ft. 3331	Lauderdale, FL	33329 ys	,			್ ಕ್ ಸಫ್				
	Place of Business	3. Mailing Address				•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State				4. FEI Number Applied For 59–2590092 Not Applicable				
Zip	Country	Zip	Count	try		Certificate of Status Desired		3.75 Ad	ditional	1
	6. Name and Address of Current R	tegistered Agent	2	-	 7.	Name and Address of New R	egistered Age	nt		-,
Kramer & Zuckerman, P.A.										
					et Address (P.O. Box Num ce Charles) 					
Hollywood, FL 33021 US				******61.25 ******61.25						
					City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registered ac	gent, or both, in the State of Flo				-
SIGNATURE.										
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered	Agent signatur	e required when r	einstating)	DATE			.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NO After SEPTEMBE Make Check Pa					e \$750.00	10. Election Campaign Fina Trust Fund Contribution	_		0 May Be to Fees	1
11.	OFFICERS AND D	新知识的自由,如于中国的中国的中国的国际	I 12.		阿斯斯斯斯斯斯斯斯	DDITIONS/CHANGES TO OFFI	CERS AND DIE	PECTOR	C INI 11	-
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NAME CTREET ADDRESS			NAME		Joyce	A. Garro SW 116 Aves				1
STREET ADDRESS CITY-ST-ZIP						FL 33330				6
TITLE		☐ Delete	TITLE)irect			Change	Addition	1 6
NAME STREET ADDRESS		•.	NAME	Į,		ariello	_			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS	2905 W	indmill Ranch uderdale - FL	Rd.		<u>-</u> .	
TITLE NAME		☐ Delete	TITLE	- 13	Direct	or		Change	☐ Addition	
STREET ADDRESS			NAME STREET	T ADDRESS	Anthon 3040 S	y Garro W 116 Ave.				Ì
CITY-ST-ZIP			CITY-S		Davie,					
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CITY-ST-ZIP			CITY-S	I						
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CITY-ST-ZIP			STREET CITY-S	ADDRESS						
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NAME		23 00.010	NAME	.			. ,	Change	Magilion	
STREET ADDRESS CITY-ST-ZIP	_			ADDRESS			AL	7		
	ertify that the information surplied with th	is filing does not available	CITY-S	·/	dia Oa	40.07(0\(\frac{1}{2}\)\ \(\frac{1}{2}\)\ \(\frac{1}\)\ \(\frac{1}\)\ \(\frac{1}2\}\)\ \(\frac{1}2\)\ \(\frac{1}2\}\)\ \(\frac				
indicated of of the corp	on this report or supplemental report is troporation or the receiver or rustee embow	is filing does not qually for ue and accurate any filiat m ered to execute this eport, hall other like emony ered.	the exem signatu s require	piion stated re shall hav o by Chapt	a in Section 1 re the same liter 607, Floric	19.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name	urther certify that I am an appears in Blo	nat the in n officer o ck 11 or	formation or director Block 12 if	
SIGNATI	UDE: Anthony M. Coo		\bigvee	<i>em</i>		11 00 05		(=		
SIGNATI	URE: Anthony M. Gar	ro, Director	<u> </u>			<u> 11-08-00</u>	<u>954-2</u>	62-4	756	ĺ