2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H96289**

1. Entity Name

NOVASTAR ENTERPRISES, INC.



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90071 010 ***150.00

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Principal Place of Business 12-501 ROYAL PLAM WAY BOCA RATON FL 33432 US		Mailing Address P.O. BOX 1614 BOCA RATON FL 33429 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2660430 Applied For Not Applied For	اما
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	\dashv
ALIAGA, GERARDO S. 12-501 ROYAL PALM WAY				ess (P.O. Box Number is Not Acceptable)	
	TON FL 33432		City	. FL Zip Code	
the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered office or regist	istered agent, or both, in the State of Florida. I am familiar with, and accept	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	quired when reinstating) DATE	
Afte Make Checi	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. :	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\dashv
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALIAGA, GERARDO S. 12-501 ROYAL PALM WAY BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	7
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP ALIAGA, JANET T. 12-501 ROYAL PALM WAY BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	ין
TITLE NAME STREET ADDRESS CITY-ST-ZIP	entrophysical property of the second	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOWNS THE REQUISION OF SIGNING OFFICER ON DIRECTOR

3 14 03 561-365-2485