FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90041 042 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 78352

1. Entity Name

NOVELTY PLACE INC.

Principal Place of Business | Mailing Address

C/O Amparo Fajardo
7827-B West Flagler Street
Miami, Fl. 33144-2363

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7827 West Flagler Street	P O Box 720517
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl. 33144	City & State: Miami,
Zip / Country	Zip: 33172 / Country

4. FEI Number: 65-0114662 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAJARDO , AMPARO
7827-B WEst Flagler Street
Miami, Fl.

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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
TITLE: ST NAME: Fajardo, Amparo STREET ADDRESS: 7827-B W. Flagler St. CITY-ST-ZIP: ~~Miami, Fl.~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VP NAME: PENA, ANA FAJARDO STREET ADDRESS: 7827-B W. Flalger St. CITY-ST-ZIP: ~~MiaMI, Fl.~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: PD NAME: FAJARDO, ALVARO STREET ADDRESS: 7827-B W. Flagler St. CITY-ST-ZIP: ~~Miami, Fl.~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: Alvaro Fajardo, Pres 4/24/00 305-266-5848

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

CR2E034 (9/99)