5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-18-2001 91585 039 ***150.00

DOCUMENT # K78352

1. Entity Name: NOVELTY PLACE, INC.

Principal Place of Business	Mailing Address
7827 W. Flagler St #B Miami, Fl. 33144	7827-B W. Flagler St. Miami, Fl. 33144

2. Principal Place of Business	3. Mailing Address
4832 N,W. 107 Place	P O Box 720517
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida 33178	City & State: Miami
Zip:	Country:
Zip: 33172	Country:

[redacted]

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
Amparo Fajardo 7827-B West Flagler Street Miami, fl. 331144	Name: Street Address (P.O. Box Number is Not Acceptable): 4832 N.W. 107 Place City: Miami, FL Zip Code: 33178

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, 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	
TITLE: VP NAME: Pena, ana Fajardo STREET ADDRESS: 7827- B W. Flagler St CITY-ST-ZIP: Miami, Fl. 33144	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PDS NAME: Fajardo, Alvaro STREET ADDRESS: 7827-B W. Flagler St CITY-ST-ZIP: Miami, Fl.	☐ Delete	TITLE NAME STREET ADDRESS: 4832 N.W. 107 Place CITY-ST-ZIP: Miami, Fl. 33178	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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. 4/27/01 305-592-8037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)