5/1!

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

05-18-2001 91585 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

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

[redacted]

DO NOT WRITE IN THIS SPACE

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

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

Amparo Fajardo
7827-B West Flagler Street
Miami, fl. 331144

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Pena, ana Fajardo 7827- B W. Flagler St ~~Miami, Fl. 33144~~	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS Fajardo, Alvaro 7827-B W. Flagler St ~~Miami, Fl.~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4832 N.W. 107 Place Miami, Fl. 33178	XX Change ☐ Addition
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CR2E034 (11/00)

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: [signature] Alvaro Fajardo, Pres. 4/27/01 305-592-8037

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