

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002310

1. Entity Name
NOVORIS TECHNOLOGIES, LLC

FILED

01 APR 30 PM 6: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~ONE INDEPENDENT DRIVE SUITE 3000~~ ~~ONE INDEPENDENT DRIVE SUITE 3000~~
~~C/O MARTIN, ADE, BIRCHFIELD & MICKLER PA~~ ~~C/O MARTIN, ADE, BIRCHFIELD & MICKLER PA~~
~~JACKSONVILLE FL 32202~~ ~~JACKSONVILLE FL 32202~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
111 SE 16th Avenue, Apt 0105
Suite, Apt. #, etc.

City & State City & State
Gainesville, FL

Zip Country Zip Country
32601 US

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MABM CORPORATE SERVICES, INC.~~
~~ONE INDEPENDENT DRIVE SUITE 3000~~
~~C/O MARTIN, ADE, BIRCHFIELD & MICKLER PA~~
~~JACKSONVILLE FL 32202~~

Name
Hamed Kourouma
Street Address (P.O. Box Number is Not Acceptable)
111 SE 16th Avenue
Apartment 0 105
City FL Zip Code
Gainesville 32601

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.

(NOT) Registered Agent signature required when reinstating)
Hamed Kourouma

04-24-2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Kourouma, Hamed 111 SE 16th Avenue, Apt. 0 105 Gainesville, FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004219264--7 -05/16/01--01023--006 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Hamed Kourouma

04-24-2001/352-956-6676
Date Daytime Phone #

0002442 AF

CR2E083 (11/00)