

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 009 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000010502

1. Entity Name
NOVA TERRA DEVELOPMENT GROUP, LLC



Principal Place of Business
777 BRICKELL AVE., STE. 1010
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVE., STE. 1010
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1002521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA PENA & BAJANDAS, LLP
601 BRICKELL KEY DR., STE. 705
MIAMI, FL 33131

Name
DE LA PENA & BAJANDAS, LLP

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

1000 BRICKELL AVE, SUITE 900

City
MIAMI

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAJANDAS, RICARDO
601 BRICKELL KEY DR., STE. 705
MIAMI, FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GUTIERREZ, EDGAR
251 CRANDON BLVD, APT 209
KEY BISCAYNE, FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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

Date

Daytime Phone #

04/07/03 (305) 812-0063

CFR2083 (10/02)