

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2002 8:00 am
Secretary of State

08-22-2002 90003 005 ****55.00

DOCUMENT # L98000001686

1. Entity Name

NOAVIE LIFE ENHANCING PRODUCTS, L.C.

Principal Place of Business

**9730 N.W. 25TH ST.
 MIAMI FL 33172**

Mailing Address

**9730 N.W. 25TH ST.
 MIAMI FL 33172**

2. Principal Place of Business

6800 S.W. 40th ST

Suite, Apt. #, etc.

PMB # 454

City & State

MIAMI, FL

Zip

Country

33155 USA

3. Mailing Address

6800 SW 40th ST

Suite, Apt. #, etc.

PMB # 454

City & State

MIAMI, FL

Zip

Country

33155 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0866871**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
 200 SOUTH BISCAYNE BLVD., SUITE 2100
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Luis A. Alvarez

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

6800 S.W. 40th ST.

PMB # 454

City

MIAMI, FL

FL

Zip Code

33155

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

Luis A. Alvarez 8/20/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LAVAREZ, LUIS M.D.	
STREET ADDRESS	6800 SW 40TH ST., PMB 454	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARIELLE ALVAREZ	
STREET ADDRESS	434 ROVINO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Gina Alvarez	
STREET ADDRESS	434 ROVINO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Bianca Alvarez	
STREET ADDRESS	434 ROVINO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Luis A. Alvarez Family, LC	
STREET ADDRESS	6800 SW 40TH ST, PMB 454	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of Luis A. Alvarez

8/20/02 305-667-1433

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

Date

Daytime Phone #

CR2E083 (4/02)