

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23686

1. Entity Name

THE NOVECETO CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90167 038 ***150.00

Principal Place of Business

Mailing Address

2399 N.E. SECOND AVE.
MIAMI FL 33137

2318 NE 2ND CT
MIAMI FL 33137-4506
US

2. Principal Place of Business

21 SE 1ST AVE

3. Mailing Address

21 SE 1ST AVE.

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

#900

City & State

MIAMI Florida

City & State

MIAMI, Florida

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

59-2615078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DATORRE, ZOILA
2318 NE 2ND CT
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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

TITLE D ☐ Delete
NAME WOLFSON, MITCHELL JR.
STREET ADDRESS 2318 NE 2ND CT
CITY-ST-ZIP MIAMI FL 33137

TITLE S ☐ Delete
NAME DATORRE, ZOILA
STREET ADDRESS 2318 NE 2ND CT
CITY-ST-ZIP MIAMI FL 33137

TITLE T ☐ Delete
NAME LEONARD, COMAN C.
STREET ADDRESS 2318 NE 2ND CT
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Zoila M. Datorre Zoila M. DATORRE

4/19/00

305-5730584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)