

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M32861

1. Entity Name

NOVA PARK INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90039 025 \*\*\*558.75

Principal Place of Business

1600 N.E. MIAMI GARDENS DRIVE  
 SUITE 200  
 NORTH MIAMI BEACH FL 33179

Mailing Address

1600 N.E. MIAMI GARDENS DRIVE  
 SUITE 200  
 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

1696 NE MIAMI GARDENS DR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N MIAMI BCH FL 33179

City & State

Zip

Country

Country

4. FEI Number

65-0067832

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KATZMAN, CHAIM  
 1600 N.E. MIAMI GARDENS DRIVE  
 SUITE 200  
 NORTH MIAMI BEACH FL 33179

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PS  
 NAME KATZMAN, CHAIM  
 STREET ADDRESS 1600 N.E. MIAMI GARDENS DRIVE, SUITE 200  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE VP  
 NAME KATZMAN, SHULAMIT  
 STREET ADDRESS 1600 N.E. MIAMI GARDENS DRIVE, SUITE 200  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 1696 NE MIAMI GARDENS DR  
 CITY-ST-ZIP N. M.I.A BCH FL 33179 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS 1696 NE MIAMI GARDENS DR  
 CITY-ST-ZIP N.M.I.A BCH FL 33179 ☒ Change ☐ Addition

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)