

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91541 017 \*\*\*163.75

0194355 AV

**DOCUMENT # M34242**

**1. Entity Name**  
**NOVA DESIGN, INC.**

**Principal Place of Business**  
**780 NW LE JUNE RD.**  
**STE. 616**  
**MIAMI FL 33126**

**Mailing Address**  
**780 NW LE JUNE RD.**  
**STE. 616**  
**MIAMI FL 33126**

**2. Principal Place of Business**  
**710 W 27 ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**710 W 27 ST**  
 Suite, Apt. #, etc.

**City & State**  
**Hialeah FL**  
**Zip**  
**33010**  
**Country**  
**DADE**

**City & State**  
**Hialeah FL**  
**Zip**  
**33010**  
**Country**  
**DADE**

**4. FEI Number** **59-2686797**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GARROTE, JOSE LUIS**  
**9144 NW 172 TERRACE**  
**MIAMI LAKES FL 33018**

**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** \_\_\_\_\_ (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, 2002 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** **PO** ☐ **Delete**  
**NAME** **GARROTE, JOSE LUIS**  
**STREET ADDRESS** **780 NW LE JUNE RD STE 616**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**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**

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**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-26-02 305-448-1048**

**Date**

**Daytime Phone #**

CR2E034 (9/01)