2000 UNIFORM BUSINESS REPORT (UBR)

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|--|--|--------------------------------------|--|--|---|-------------------------------------|-----------------------|--|
| DOCUMENT # M9800000965 1. Entity Name NOVA INFORMATION TECHNOLOGIES LLC | | | | giv O(| SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUN -9 PM 1: 22 | | | |
| Drinning Plan | or at Business | Mailing Address | | | 1: 1 Hd 6- 400 | 22 | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 4711 NW 99 TERRACE 4711 NW 99 TERRACE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076-2 | | | 2440 | | | | | |
| 001812 011811 | 00 12 100 10 | ••••• | | ()********** | (B. (DI A) (B (A) Pa (A) (B) (A) Pa (A) (B (A) | Bani Admi i Bila f | | |
| | • | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | \$ 1001681) ICE (BIBL ANIX BENY BENY BENY BENY BENY BENY BENY BENY | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WAITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. FEI Number | 17 00 10F 40 H-1 | | | |
| the state of the s | | | | · · | 47-0810546 | | t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of | Status Desired | \$5.00 Addition Fee Required | | |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Current | Registered Agent | | 7. Name and A | ddress of New Registered | | | |
| | | | | Name | | | | |
| ABREU, JESUS R | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 4711 NW 99 TERRACE | | | | | | | | |
| CORAL SPRINGS FL 33076 | | | | | | | | |
| | | | City | | FL Zip Code | | | |
| 8 The above | named entity submits this statement fo | r the purpose of changing its re | egistered office or re | gistered agent, or both. | in the State of Florida. | | | |
| 6. 1116 above | The state of the s | . Ind purpose of stratiging never | 9,010,01 | g, | | | | |
| SIGNATURE . | | | | | DATE | - | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Agent signature | required when reinstating) | DAIE | | <u> </u> | |
| | | FILE NOV Make Check Paya | W!!! FEE IS \$50 able to Departme | 1 | | Br | , a | |
| 9. | MANAGING MEMB | ERS/MEMBERS | 10. | | ADDITIONS/CHANGES | 3 | | |
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| CITY-81-ZIP 1 | <u> </u> | | CETY-ST-ZIP | | | | | |
| 11. I hereby o | certify that the information supplied with on this report is true and accurate and | this filing does not qualify for the | he exemption stated e same legal effect | l in Section 119.07(3)(i), as if made under oath: th | Florida Statutes. I further ce | rtify that the in er or manager | formation r of the | |
| limitedilia | bility company or the receiver or trustee | empowered to execute this fe | por as required by | Chapter 608, Florida Śta | lutes. | - | | |