

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000965

1. Entity Name

NOVA INFORMATION TECHNOLOGIES LLC

FILED

01 JUL -9 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4711 NW 99 TERRACE
CORAL SPRINGS FL 33076

Mailing Address

4711 NW 99 TERRACE
CORAL SPRINGS FL 33076

2. Principal Place of Business

6163 NW 80 TERRACE

3. Mailing Address

6163 NW 80 TERRACE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

PARKLAND FL

City & State

PARKLAND FL

4. FEI Number

47-0810546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABREU, JESUS R

4711 NW 99 TERRACE

CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

ABREU, JESUS R

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

6163 NW 80 TERRACE

City

PARKLAND

FL

Zip Code

33067

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]
Signature, typed or printed name of registered agent and title if applicable.

JESUS R. ABREU

(NOTE: Registered Agent signature required when reinstating)

July 5, 2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ABREU, JESUS R
STREET ADDRESS 4711 NW 99 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ABREU, JESUS R. ☒ Change ☐ Addition
STREET ADDRESS 6163 NW 80 TERRACE
CITY-ST-ZIP PARKLAND FL 33067

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

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

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]
JESUS R. ABREU

July 5, 2001 (254) 224-1691

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

Date

Daytime Phone #

CR2E083 (11/00)

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