# FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 21 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018509

1. Entity Name

NOVUS INSURANCE, INC.

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number |
|---|---|---|
| 5725 MARGATE BLVD. | SAME | 65-0984504 ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State: MARGATE, FL | City & State | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip: 33063 Country | Zip Country | |

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: ADELIO ASSUNCAO

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

5725 MARGATE BLVD.

City: MARGATE FL Zip Code: 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent Signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP ADELIO ASSUNCAO 5725 MARGATE BLVD. MARGATE, FL 33063 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 700023964907 10/21/03--01037--026 **150.00 |
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12. 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 10 or on an attachment with an address, with all of the like empowered.

SIGNATURE: X _____ 10/16/03 954-979-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

SCOTT H. LUTWAK, C.P.A.
Certified Public Accountant
1166 W.NEWPORT CENTER DRIVE – SUITE 114
DEEFIELD BEACH, FL 33442
(954) 426-4480

October 13, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Novus Insurance, Inc.
Document No. P00000018509

Gentlemen:

I am the tax accountant for the above-referenced taxpayer. Enclosed herewith please find the 2003 UBR, as well as the taxpayer's check in the amount of $150.00.

Please be advised that my client received neither the first nor second notices. Additionally, your department failed to send him the Notice of Administrative Dissolution. On behalf of my client, in consideration of the aforementioned discussion, I hereby request that you reinstate the corporate status.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Scott H. Lutwak

SHL/gg
Enc.
Cc: A.Assuncao