

2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P00 0000 41 675

1. Entity Name

Mariela Novak, PA

FILED

01 DEC -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5318 Bay Side Dr.
Orlando, FL 32819

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3642850

Applied For

Not Applicable

Zip

Country

Zip

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVAK, Mariela
5318 Bay Side Dr.
Orlando, FL 32819

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 redesignating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: Novak, Mariela
STREET ADDRESS: 5318 BAY SIDE DR
CITY-STATE-ZIP: ORLANDO FL 32819

☐ Delete

TITLE: VP
NAME: Luna, Alberto
STREET ADDRESS: 5318 BAY SIDE DR
CITY-STATE-ZIP: ORLANDO FL 32819

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

7000004739557-2
-12/26/01--01081-014
****150.00 ****150.00

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-STATE-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)(a), 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 of this statement, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mariela Novak

Date of Filing

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MARIELA NOVAK, PA.
DOC. # P00000041675

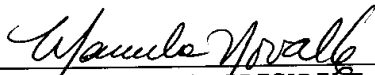
OCTOBER 26, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE REINSTATEMENT MY CORPORATION AND WAIVE ME THE FEE AND
PENALTY FOR NOT FILING MY UNIFORM BUSINESS REPORT IN ON TIME. I
HAD NOT PAID BECAUSE I DID NOT RECEIVED THE UNIFORM REPORT AND
BECAUSE THIS IS THE FIRST YEAR I DID NOT KNOW NOTHING ABOUT IT.

THANK YOU FOR YOUR ATTENTION,


MARIELA NOVAK - PRESIDENT