

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

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90221 031 \*\*\*150.00

DOCUMENT # P000000 41675

1. Entity Name

Mariela Novak, PA

**DO NOT WRITE IN THIS SPACE**

868752

2. Principal Place of Business

5318 Boyside Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32819

Country

Zip

Country

4. FEI Number

59-3642850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mariela Novak

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

5318 Boyside Dr.

City

Orlando

FL

Zip Code

32819

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President  
Mariela Novak  
5318 Boyside Dr.  
Orlando, FL 32819

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice-President  
Alberto A. Luna  
5318 Boyside Dr.  
Orlando, FL 32819

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mariela Novak

Date

06/03/02 (407)947-9612

Daytime Phone #

CR2E034B (12/01)