

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2003

FILED

03 OCT 20 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Entity Name

Manela Novak, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5318 Bay Side Dr.

5318 Bay Side Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32819

32819

100023954641
10/20/03--01039--013 **150.00

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03

4. FEI Number

Applied For

59-31042850

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Manela Novak

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

5318 Bay Side Dr.

City

Orlando

FL

Zip Code

32819

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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

X Manela Novak

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

(NOTE: Registered Agent signature required when reinstating)

10/13/03

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

Pres.
Manela Novak
5318 Bay Side Dr.
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V-Pres.
Alberto A. Luna
5318 Bay Side Dr.
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

X Manela Novak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (407) 876-5443

DATE

Daytime Phone #

MARIELA NOVAK, PA

5318 Bay Side Dr.
Orlando, FL 32819

October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom it May Concern,

This letter is to inform the Department of State that I never received a bill or report for my corporation. Please accept my \$150 dollar payment without penalty.

Sincerely,


Mariela Novak, PA