2001 UNIFORM BUSINESS REPORT (UBR)

1al 2

DOCUMENT # P00000042122

1. Entity Name
Cecilia Novak, PA

Principal Place of Business
Mailing Address
8541 Peconic Dr.
Orlando, FL 32835

FILED
01 OCT 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Cecilia Novak 8541 Peconic Dr. Orlando, FL 32835	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] 10/22/01
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cecilia Novak 8541 Peconic Dr Orlando FL 32835 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004688221--2 -11/20/01--01006--017 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Marco A. Delgado 8541 Peconic Dr. Orlando, FL 32835 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/22/01 (407)292-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

2002

OCTOBER 22, 2001

CECILIA NOVAK, PA
DOC. # P00000042122

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

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

THANK YOU FOR YOUR ATTENTION,

CECILIA NOVAK - PRESIDENT

8541 PECONIC DR - ORLANDO, FL 32835