

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042122

1. Entity Name

Cecilia Novak, PA

Principal Place of Business

Mailing Address

8541 Peconic Dr.
Orlando, FL 32835

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643347

Applied For

Not Applicable

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

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]

Signature of individual named name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

10/22/01

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

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Cecilia Novak
STREET ADDRESS: 8541 Peconic Dr.
CITY-STATE-ZIP: Orlando, FL 32835

☐ Delete

TITLE: Vice-President
NAME: Marco A. Delgado
STREET ADDRESS: 8541 Peconic Dr.
CITY-STATE-ZIP: Orlando, FL 32835

☐ Delete

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

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STREET ADDRESS:
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STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete

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

☐ Change ☐ Addition

100004688221--2
-11/20/01--01006--017
****150.00 ****150.00

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

☐ Change ☐ Addition

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

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TITLE:
NAME:
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☐ Change ☐ Addition

TITLE:
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)(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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED

01 OCT 29 AM 9:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

lal²

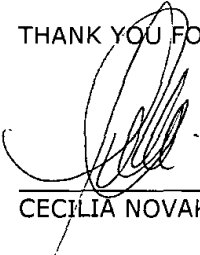
OCTOBER 22, 2001

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