

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2002**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90018 032 \*\*\*150.00

DOCUMENT # P00000042122

1. Entity Name

Cecilia Novak, PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8541 Peconic Dr.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

4. FEI Number

59-3643347

Applied For

Not Applicable

Zip

32835

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Cecilia Novak

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

8541 Peconic Dr

City

Orlando

FL

Zip Code

32835

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

7/3/02

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

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02

Date

(407) 292-1225

Daytime Phone #

Attachment  
# 700000042122  
119668

JULY 03, 2002

FROM:  
CECILIA NOVAK, PA.  
DOC. # P00000042122

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

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE REINSTATEMENT FEE OF \$ 600 FOR MY CORPORATION. I DID NOT FILE THE UNIFORM BUSINESS REPORT ON TIME BECAUSE I DID NOT RECEIVED IT.

THANK YOU FOR YOUR ATTENTION,



CECILIA NOVAK - PRESIDENT