

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90016 046 ***150.00

DOCUMENT # P00000055746

1. Entity Name

NOVA U.S.A. TRADING CORP.

Principal Place of Business

Mailing Address

3129 North 29 Ave.

Hollywood FL 33020

2. Principal Place of Business

3. Mailing Address

16300 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

NORTH MIAMI BEACH FL

4. FEI Number

65-1016131

Applied For

Not Applicable

Zip

Country

Zip

Country

33162

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0038504

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FERNANDO SILVA -

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

16300 NE 19 Ave

#100

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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)

03/21/01
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, 2001 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 ☐ Delete
NAME PVST
STREET ADDRESS NOE GUCOVSKI
CITY-ST-ZIP 3129 N. 29 Ave
Hollywood FL 33020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NOE GUCOVSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/01
Date

Daytime Phone #

CR2E034 (11/00)