

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90036 023 \*\*\*150.00

**DOCUMENT # P00000055746**

1. Entity Name  
**NOVA U.S.A. TRADING CORP.**

Principal Place of Business

**3129 NORTH 29TH AVENUE  
 HOLLYWOOD FL 33020**

Mailing Address

**16300 NE 19 AVE  
 100  
 MIAMI FL 33162**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**16300 NE 19 AVE**

Suite, Apt. #, etc.

**SUITE C**

City & State

**NORTH MIAMI BEACH**

Zip

**33162**

Country

**U.S.A.**

4. FEI Number

**65-1016131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SILVA, FERNANDO  
 16300 NE 19 AVE  
 100  
 MIAMI FL 33162**

7. Name and Address of New Registered Agent

Name

**FERNANDO SILVA**

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

**16300 NE 19 AV SUITE C**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE **PVST** ☐ Delete  
 NAME **GUCOVSKI, NOE**  
 STREET ADDRESS **3129 NORTH 29TH AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **D** ☐ Delete  
 NAME **GUCOVSKI, NOE**  
 STREET ADDRESS **3129 NORTH 29TH AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

**SIGNATURE REQUIRED**  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 9th/02**

Date

Daytime Phone #

**(954) 922 8575**

CR2E034 (9/01)