## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State P00000059910 DOCUMENT # 1. Entity Name 05-21-2002 91229 009 \*\*\*150.00 NOCHE VIVA, INC. Mailing Address Principal Place of Business 3100 S DIXIE HWY. SUITE #D-15 927 LINCOLN RD **BOCA RATON FL 33432** #200 MIAMI BEACH FL 33139 3. Mailing Address ipal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1036433 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRAVEL, LONNIE A Street Address (P.O. Box Number is Not Acceptable) 3100 S DIXIE HWY, SUITE #D-15 **BOCA RATON FL 33432** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE travel Lonnie A NAME FROVEL, LONNIE A NAME STREET ADDRESS Sioo S 3100 S DIXIE HWY D-15 bixie Hewy STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** Boca Raton CITY-ST-ZIP ☐ Delete TITLE TITLE NAME LEVIN, ERIC NAME STREET ADDRESS STREET ADDRESS 927 LINCOLN RD #200 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 SIGNATURE: