

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90016 016 ***150.00

DOCUMENT # P00000072236

1. Entity Name

NOVARA, INC.

LA

Principal Place of Business

Mailing Address

4625 OLD WINTER GARDEN
 BS
 ORLANDO, FL 32811

2. Principal Place of Business

4625 OLD WINTER GARDEN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B 5

CITY & STATE
 ORLANDO, FLORIDA

CITY & STATE
 ORLANDO, FLORIDA

4. FEI Number

65-1034835

Applied For

Not Applicable

Zip

Country

32792

ORANGE

Zip

Country

32792

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUIS AGUAS
 4625 OLD WINTER GARDEN SUITE BS
 ORLANDO, FL 32811

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLOS R ROJAS 4625 OLD WINTER GARDEN APT BS ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAUL ROJAS 4625 OLD WINTER GARDEN ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARITHA GARCIA 4625 OLD WINTER GARDEN #BS ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JORGE A. ROJAS 4625 OLD WINTER GARDEN #BS ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LUIS A. AGUAS 4625 OLD WINTER GARDEN #BS ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

8/27/01

407 758 5926

CR2E037 (5/01)

Attachment
P00000072236
A0085585


August 30, 2001

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs

Enclosed you'll find check in the amount of \$150.00 and the Uniform Business report form for Novara, Inc. Document #P00000072236. Per your instruction, I am now submitting this. I don't know whatever happened to the corporation renewal forms of the past year. I never received anything from you. Please adjust your records to reflect all the information I am now providing regarding said corporation. Should you have any question on the enclosed, please give me a call. Thank you for your consideration on this matter.

Sincerely,


Luis Aguas
Director
Novara, Inc.