

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000084521

1. Entity Name

NEVOCAR OF AMERICA, INC.

FILED

02 JAN 28 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10664 FONTAINEBLEAU BLVD  
MIAMI, FL 33172

10664 FONTAINEBLEAU BLVD  
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

10664 FONTAINEBLEAU BLVD  
Suite, Apt. #, etc.

10664 FONTAINEBLEAU BLVD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

4. FEI Number

65-1047975

Applied For

Not Applicable

Zip

Country

33172

DADE

Zip

Country

33172

DADE

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

TIMOTHY K. MAHON.

2929 EAST COMMERCIAL BOULEVARD.  
PENTHOUSE E.

FORT LAUDERDALE, FL 33308

Name

PEDRO J. CHIANTERA

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

10664 FONTAINEBLEAU BLVD.

City

MIAMI

FL

Zip Code

33172

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

Pedro Chiantera

01-14-02

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  
taxing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2002 Fee will be \$350.00  
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          | P                         | <input type="checkbox"/> Delete |
| NAME           | PEDRO CHIANTERA           |                                 |
| STREET ADDRESS | 10664 FONTAINEBLEAU BLVD. |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33172           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |                       |                                                                   |
|----------------|-----------------------|-------------------------------------------------------------------|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS | 800004881578--3       |                                                                   |
| CITY-ST-ZIP    | -02/05/02--01082--028 |                                                                   |
|                | ****300.00 ****300.00 |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS |                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS |                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS |                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                                   |
| STREET ADDRESS |                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                                   |

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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 included 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12.

Attachment  
Doc# P00000008-1521

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January 14, 2002

Division of Corporations  
P. O. BOX 1500  
Tallahassee, FL 32302

RE: Nevocar of America, Inc.

Dear Sir/ Madam:

As instructed by one of the division's agent, I am sending this letter to explain the reason for waiving the late fee. Our office has not received the annual report mailed by your office to renew the corporation mentioned above. Please note our address in your records to confirm that it is correct. We have enclosed a check for \$ 300.00 that includes the yearly fee of \$150.00 for the years of 2001 and 2002.

I kindly ask of you to waive the current penalties pending on the corporation. Should you have any questions regarding the foregoing, please contact the undersigned.

Sincerely,

Pedro J. Chiantra  
President



Nevocar of America, Inc.  
C/o Alba A Duque  
10664 Fontainebleau Blvd.  
Miami, FL 33172