FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am Secretary of State P01000002516 DOCUMENT # 1. Entity Name 03-13-2002 90061 033 \*\*\*150 00 NOVO SPAZIO DESIGNS, INC. Principal Place of Business Mailing Address 9631 FONTAINBLEAU BLVD., #115 9631 FONTAINBLEAU BLVD., #115 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1066721 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE CAVALLO, NORMA Street Address (P.O. Box Number is Not Acceptable) 9631 FONTAINBLEAU BLVD., #115 1 **MIAMI FL 33172** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Change Addition CR2E034 (9/01 TITLE ☐ Delete TITLE VICE-PRESIDENTE. CAVALLO, NUNZIATINA DEL MRS NAME ROBERTO MULIERI STREET ADDRESS 9631 FONTAINBLEAU BLVD., #115 STREET ADDRESS 9631 FONTAINBLEAU BLVD.,#115 CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-7IP MIAMI, FL 33172. Change ☐ Addition TITLE Delete TITLE CAVALLO, NORMA NAME NAME STREET ADDRESS 9631 FONTAINBLEAU BLVD., #115 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/2001 Daytime Phone #