

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90213 038 ***150.00

DOCUMENT # P01000002516

1. Entity Name
NOVO SPAZIO DESIGNS, INC.



Principal Place of Business
**9631 FONTAINEBLEAU BLVD., #115
MIAMI FL 33172**

Mailing Address
**9631 FONTAINEBLEAU BLVD., #115
MIAMI FL 33172**



2. Principal Place of Business
10520 NW. 26TH ST.

Suite, Apt. #, etc.
SUITE C-102

City & State
MIAMI, FL

Zip
33172

Country
DADE.

3. Mailing Address
10520 NW. 26TH ST.

Suite, Apt. #, etc.
SUITE C-102

City & State
MIAMI - FL

Zip
33172

Country
DADE.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1066721**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE CAVALLO, NORMA
9631 FONTAINEBLEAU BLVD., #115
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **DE CAVALLO NORMA**
Street Address (P.O. Box Number is Not Acceptable)
10520 NW. 26TH ST. SUITE C-102.
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CAVALLO, NUNZIATINA DEL MRS**
STREET ADDRESS **9631 FONTAINEBLEAU BLVD., #115**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD** ☐ Delete
NAME **CAVALLO, NORMA**
STREET ADDRESS **9631 FONTAINEBLEAU BLVD., #115**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VP** ☐ Delete
NAME **MULIERI, ROBERTO**
STREET ADDRESS **9631 FONTAINEBLEAU BLVD #115**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **CAVALLO, NUNZIATINA DEL MRS.**
STREET ADDRESS **10520 NW. 26TH ST. SUITE C-102**
CITY-ST-ZIP **MIAMI - FL. 33172**

TITLE **SD** ☒ Change ☐ Addition
NAME **CAVALLO, NORMA.**
STREET ADDRESS **10520 NW. 26TH ST. SUITE C-102**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **VP** ☒ Change ☐ Addition
NAME **MULIERI, ROBERTO.**
STREET ADDRESS **10520 NW. 26TH ST. SUITE C-102**
CITY-ST-ZIP **MIAMI - FL. 33172**

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

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

Date

Daytime Phone #

CR2E034 (10/02)