

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90092 003 \*\*\*150.00

0038868 AV

**DOCUMENT # P01000003954**

1. Entity Name

**NOVITA COMPANY**



Principal Place of Business  
**151 SE 15TH RD STE 1402**  
**MIAMI FL 33129**

Mailing Address  
**151 SE 15TH RD STE 1402**  
**MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1092452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, HERNANDO**

**151 SE 15TH RD STE 1402**

**MIAMI FL 33129**

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**SHABBASHCHENKO, ELENA**  
**151 SE 15TH RD STE 1402**  
**MIAMI FL 33129** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #  
**NOVITA Co**

Miami, August 5, 2003.

80137048  
PO/000003957

**TO: FLORIDA DEPARTMENT OF STATE**  
**Att: Division Of Corporations**

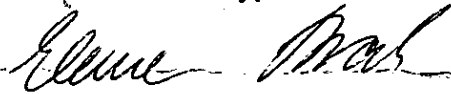
**Ref: UNIFORM BUSINESS REPORT FOR TAX ID # 65-1092452**

**To Whom It May Concern;**

Please be advised that the above mentioned company did not receive the initial request to file the UBR2003. As a result, I am hereby requesting your kind assistance in waiving the past due charges for an extemporaneous filing. I am hereby attaching a check for the initial fee of \$150.00. Should this request be considered otherwise, please let me know.

Your attention to this matter will be greatly appreciated.

Most Sincerely;



**ELENA SHABBA**  
**Director**

Suite 1402  
Miami, Fla 33129  
Tel: (305) 903 3013  
Fax: (305) 371 3355  
E-mail: elenashab@aol.com