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FILED
May 24, 2002 8:00 am
Secretary of State

02-19-2002 90060 014 ***150.00

29059

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047046

1. Entity Name
NOVELTY DEPOT VI, INC.

Principal Place of Business	Mailing Address
2416 W 60TH ST HIALEAH FL 33016-4413	2416 W 60TH ST HIALEAH FL 33016-4413

2. Principal Place of Business	3. Mailing Address
12256 SW 8TH ST	12256 SW 8TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA4	City & State: MIAMI, FLORIDA
Zip: 33184 Country: USA	Zip: 33184 Country: USA

4. FEI Number: 65-1107916 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIL, ALBENIS
2416 W 60TH ST
HIALEAH FL 33016-4413

7. Name and Address of New Registered Agent

Name: ALBENIS GIL
Street Address (P.O. Box Number is Not Acceptable): 12256 SW 8TH ST.
City: MIAMI, FL Zip Code: 33184

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS GIL, ALBENIS 2416 W 60TH ST HIALEAH FL 33016-4413 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS GIL, ALBENIS 12256 SW 8TH ST. MIAMI, FL 33184 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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.

SIGNATURE: ____________ ALBENIS GIL 01/10/2002 (305)2070680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #