

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000076257**

1. Entity Name

NOWINVEST CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12345 SW 151st

Suite, Apt. #, etc.

213

3. Mailing Address

P.O. Box 770642

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1134493

Applied For

Not Applicable

Zip

33186

Country

DoD U.S.

Zip

33177

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER OJOMON

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

12345 SW 151st #213

City

MIAMI

FL

Zip Code

33186

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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DIRECTOR RESEARCH & D**
NAME **Emmanuel Owosua**
STREET ADDRESS **Box 770642 Miami**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100006448061--8
-07/16/02--01041--012
*******61.25 *****61.25**

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE **DIRECTOR OVERSEAS**
NAME **MARIS EMBOGHOMTEN**
STREET ADDRESS **P.O. Box 770642 Miami**
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 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 on an attachment with an address, with an other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/02

Date

(786) 348-1168

Daytime Phone #

CR2E034B (12/01)