

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

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90013 033 ***150.00

DOCUMENT # *P01000100719*

1. Entity Name
Novitas Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7270 N.W. 12 ST</i>		3. Mailing Address	
Suite, Apt. #, etc. <i># 840</i>		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33126</i>	Country <i>USA</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
40021791

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Mosario Manzano*

Street Address (P.O. Box Number is Not Acceptable)
7270 N.W. 12 ST # 840

City *Miami* FL Zip Code *33126*

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 *Mosario Manzano*

(NOTE: Registered Agent signature required when reappointing)

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 <i>PD</i>	NAME <i>MOSARIO MANZANO</i>	TITLE <i></i>	NAME <i></i>
STREET ADDRESS <i>7270 N.W. 12 ST #840</i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>
CITY-ST-ZIP <i>Miami, FL 33126</i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>
TITLE <i>Vice-President</i>	NAME <i>SANTIAGO COBO MANZANO</i>	TITLE <i></i>	NAME <i></i>
STREET ADDRESS <i>7270 N.W. 12 ST #840</i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>
CITY-ST-ZIP <i>Miami, FL 33126</i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>
TITLE <i>SECRETARY</i>	NAME <i>ALVARO COBO MANZANO</i>	TITLE <i></i>	NAME <i></i>
STREET ADDRESS <i>7270 N.W. 12 ST #840</i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>
CITY-ST-ZIP <i>Miami, FL 33126</i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>
TITLE <i></i>	NAME <i></i>	TITLE <i></i>	NAME <i></i>
STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>
CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>
TITLE <i></i>	NAME <i></i>	TITLE <i></i>	NAME <i></i>
STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>	STREET ADDRESS <i></i>
CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>	CITY-ST-ZIP <i></i>

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 all other like empowered.

SIGNATURE: *Mosario Manzano* *02/23/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)