

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


**FILED**

03 NOV 14 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100024706301  
11/14/03--01047--003 \*\*758.75

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P0100019839	
1. Entity Name <b>NOVUS CAPITAL CORPORATION</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	
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2. Principal Place of Business <b>2275 SW 185 AVE</b>		3. Mailing Address <b>2275 SW 185TH AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIRAMAR, FL</b>		City & State <b>MIRAMAR, FL</b>	
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>

4. FEI Number <b>260011728</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <b>LAZARO CARRET</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2275 SW 185 AVE</b>	
City <b>MIRAMAR</b>	FL Zip Code <b>33029</b>

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
<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1: Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LAZARO CARRET, DP</b> <b>2275 SW 185 AVE., MIRAMAR, FL 33029</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>LAZARO CARRET</b>	<b>10/29/03</b>	<b>954-438-8900</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)