

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

FILED

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

DOCUMENT # **PO100019839**
1. Entity Name
NOVUS CAPITAL CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2275 SW 185 AVE

3. Mailing Address
2275 SW 185TH AVE

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

Zip
33029

Country
USA

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

REINSTATEMENT *03*

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number **260011728**

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name **LAZARO CARRET**

Street Address (P.O. Box Number is Not Acceptable)
2275 SW 185 AVE

City **MIRAMAR** FL Zip Code **33029**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAZARO CARRET, DP 2275 SW 185 AVE., MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **LAZARO CARRET** 10/29/03 954-438-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

LR