

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 017 ***158.75

DOCUMENT # **P 02000002212**

1. Entity Name

NOVA OMNI Enterprises, Inc
PO Box 85243, Hollandale FL 33008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 Hendricks Isles

3. Mailing Address

PO Box 85243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Hollandale

4. FE Number

APPLY for

Applied For

Not Applicable

Zip

33301

Country

FL

Zip

33008

Country

FL

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

Patricia H. Fernandez

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

320 Hendricks Isles

City

Fort Lauderdale

FL

Zip Code

33301

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

3/18/03

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP.
Patricia Fernandez
320 Hendricks Isles
Fort Lauderdale FL 33301

TITLE
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Daytime Phone #

954. 764. 0770

CR2E034B (12/01)