

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90110 041 ***150.00

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DOCUMENT # P02000040427

1. Entity Name

NOVELTY PRODUCTS USA, INC.



Principal Place of Business

2390 HAYES ST
HOLLYWOOD FL 33020

Mailing Address

2390 HAYES ST
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

6741 W. Sunrise Blvd

Suite, Apt. #, etc.

Bay #12

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Zip

Country

Zip

Country

33313

USA

4. FEI Number

043637074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUAH, MORRIS

2390 HAYES ST

HOLLYWOOD FL 33020

Name

ROUAH, MORRIS

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

6741 W. Sunrise Blvd #12

City

Plantation

FL

Zip Code

33313

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

MORRIS ROUAH

MRouah

4/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ROUAH, MORRIS
STREET ADDRESS 2390 HAYES ST
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

TITLE D
NAME ROUAH, MORRIS
STREET ADDRESS 6741 W. Sunrise Blvd - #12
CITY-ST-ZIP Plantation FL 33313

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 954801-9105

Date

Daytime Phone #

CR2E034 (10/02)