

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034718

1. Entity Name
NOVA TRADING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90019 026 ***158.75

Principal Place of Business

5375-39 MONTEREY CIRCLE
DELRAY BEACH FL 33484

Mailing Address

5375-39 MONTEREY CIRCLE
DELRAY BEACH FL 33484-8376

2. Principal Place of Business

23167 SW 61ST Ave
Suite, Apt. #, etc.

3. Mailing Address

23167 SW 61ST Ave
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton, FL

Zip

Country

33487

Zip

Country

33487

4. FEI Number

65-0503424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNERY, BEATRICE
5375-39 MONTEREY CIRCLE
DELRAY BEACH FL 33484

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	HELM, VAN C	
STREET ADDRESS	5375-39 MONTEREY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TURNERY, BEATRICE	
STREET ADDRESS	5375-39 MONTEREY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DECANTRO, EDGORDO	
STREET ADDRESS	5375-39 MONTEREY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	DECANTRO, NORA D	
STREET ADDRESS	5375-39 MONTEREY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Van C. Helms / **VAN C. Helms Pres** 4/26/00 561-251-3329

CR2E034 (9/99)