

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080888

1. Entity Name

NOVA CONSTRUCTIONS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90225 043 ***158.75

C0038657

Principal Place of Business

Mailing Address

2. Principal Place of Business

5100 BURCHETTE ROAD

3. Mailing Address

5100 BURCHETTE RD.

Suite, Apt. # etc.

STE. 2104

Suite, Apt. # etc.

STE. 2104

TAMPA, FL 33647

TAMPA FLORIDA

4. FEI Number
59-3343125

Added For
Not Applicable

33647 HILLSBOROUGH

33647 HILLSBOROUGH

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

RICARDO A. ALVAREZ-SALGADO

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

5100 BURCHETTE RD. STE. 2104

TAMPA

FL 33647

8. The undersigned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

RICARDO A ALVAREZ-SALGADO

3/16/2001

Print and typed or printed name of registered agent and state incorporation.

NOTE: Registered Agent's signature required when re-stating.

DATE

9. This corporation is eligible to satisfy its intangible
 Taxing requirement and elects to do so
 See attached or 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PRES./DIR.
 NAME RICARDO A. ALVAREZ-SALGADO
 STREET ADDRESS 5100 BURCHETTE RD. STE. 2104
 CITY-STATE-ZIP TAMPA, FL. 33647

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE SEC./TREASURER
 NAME CONSUELO LLORENS
 STREET ADDRESS 5100 BURCHETTE RD., STE. 2104
 CITY-STATE-ZIP TAMPA, FL. 33647

TITLE
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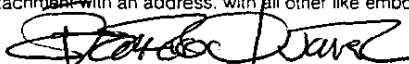
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  RICARDO A ALVAREZ-SALGADO PRES.

3/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #