

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 039 ***150.00

DOCUMENT # **P45000080888**

1. Entity Name

NOVA CONSTRUCTIONS, INC. ✓

DO NOT WRITE IN THIS SPACE

80093012

2. Principal Place of Business

5100 BURCHETTE ROAD

3. Mailing Address

Suite, Apt. #, etc.

STE. 2104

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

4. FEI Number

59-3343125

Applied For

Not Applicable

Zip

33647

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICARDO A. ALVAREZ-SALGADO

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

5100 BURCHETTE ROAD

SUITE # 2104

City

TAMPA

FL

Zip Code

33647

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

RICARDO A. ALVAREZ-SALGADO **04/22/2002**

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

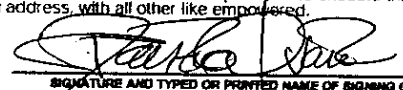
TITLE	PRES. / DIR.
NAME	RICARDO A. ALVAREZ-SALGADO
STREET ADDRESS	5100 BURCHETTE RD, STE. 2104
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SEC. / TREASURER
NAME	CONSUELO LORENS
STREET ADDRESS	5100 BURCHETTE RD, STE. 2104
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
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)(f), 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:



RICARDO A. ALVAREZ-SALGADO

04/22/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)