2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State
07-06-2000 90022 001 ***150.00

DOCUMENT # P96000072415

1. Entity Name

NOUVISAGE, INC.

Principal Place of Business	Mailing Address
13214 S.W. 131 ST.	13214 S.W. 131 ST.
MIAMI, FL 33186	MIAMI, FL 33186

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 VISTAL MAR ST.	7300 VISTAL MAR ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES FL	City & State: CORAL GABLES, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number 65-0696410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER CHRISTOFOROU
7300 VISTAL MAR STREET
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	CHRISTOPHER CHRISTOFOROU	NAME	CHRISTOPHER CHRISTOFOROU
STREET ADDRESS	13214 S.W. 131 ST.	STREET ADDRESS	7300 VISTAL MAR STREET
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: x ______________ x 4/30/2000 x 305 665 0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHRISTOPHER CHRISTOFOROU