

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075109

1. Entity Name

CERANOVO INTERNATIONAL CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90337 047 ***150.00

Principal Place of Business

8601 NW 66TH STREET
MIAMI FL 33166
US

Mailing Address

8601 NW 66TH STREET
MIAMI FL 33166
US

2. Principal Place of Business

8144 W. 26 Ave.

3. Mailing Address

8144 W. 26 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33016

City & State

Hialeah, FL 33016

Zip

33016

Country

DAD

Zip

33016

Country

DAD

4. FEI Number

65-0718144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVO, SANDRA
8601 NW 66TH STREET
MIAMI FL 33166

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, 2001 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 ☐ Delete

NAME NOVO, LINO L
STREET ADDRESS 8420 N W 170TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ST ☐ Delete

NAME NOVO, SANDRA
STREET ADDRESS 8420 N W 170TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 18521 NW 82 Ct.
CITY-ST-ZIP MIAMI FL 33015

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 18521 NW 82 Ct.
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Novor Sec.

3/31/01

305-822-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)