

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90163 027 \*\*\*150.00

**DOCUMENT # P96000075109**

1. Entity Name  
**CERANOVO INTERNATIONAL CORP.**

Principal Place of Business <b>8144 W 26TH AVENUE          HIALEAH FL 33016          US</b>	Mailing Address <b>8144 W 26TH AVENUE          HIALEAH FL 33016          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5680 NW 163 St.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Miami FL</b>	City & State	4. FEI Number <b>65-0718144</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33014</b>	Country <b>DAOE</b>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <b>Sandra Novo</b>
Street Address (P.O. Box Number is Not Acceptable) <del>5680 NW 163 St.</del>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33014</b>

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 *Sandra Novo* DATE 2/4/02  
Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P NOVO, LINO L 18521 NW 82ND COURT MIAMI FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18300 NW 79 Ct. Miami FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST NOVO, SANDRA 18521 NW 82ND COURT MIAMI FL 33015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18300 NW 79 Ct. Miami FL 33015</b>
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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: *Sandra Novo* DATE 2/4/02 Sec. 305 474-7070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)