FROM : ADVANCED_ASSOCIATES FAX NO. : 9545632883

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082195

1. Entity Name

NOVO GROUP OF FLORIDA, INC

Principal Place of Business	Mailing Address
660 CANAL COURT SATELLITE BEACH FL 32937	660 CANAL COURT SATELLITE BEACH FL 32937

[redacted]

2. Principal Place of Business		3. Mailing Address	
60 Sunset DR		60 Sunset Drive	
Suite, Apt. #, etc. #D		Suite, Apt. #, etc. #D	
City & State West Melbourne FL		City & State West Melbourne	
Zip 32904	Country USA	Zip FL	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405764 ☐ Applied For ☐ Not Applicable

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
NOVO, SERGIO L 660 CANAL COURT SATELLITE BEACH FL 32937	Name Street Address (P.O. Box Number is Not Acceptable) 60 SUNSET DR #D City MELBOURNE FL Zip Code 32904

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] Sergio Novo 4/29/02

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, 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	P NOVO, SERGIO 660 CANAL COURT SATELLITE BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	60 Sunset Drive #D West Melbourne FL 32904	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Sergio Novo 4/29/02 (321)772-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #