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

## FILED May 08, 2002 8:00 am Secretary of State 05-08-2002 90124 024 \*\*\*150.00

DOCUMENT # F	P970000 2937	03-08-200	JZ 901 Z4 0Z4 · · · 130.00	
NOVA REA	alty of Flor	ida, Inc.	,	
DO NOT	WRITE IN TH	IIS SPACE		
2. Principal Place of Business				
90 NORTH STAT		IORTH STATE ROAD 4	<del></del>	
SUITE # 13		ITE #13%		E IN THIS SPACE
ALTAMONTE SPRIN		MONTE SPRING, FL	4. FEI Number 59-34433	Applied For Not Applicable
Zip Cour 32.714	USA Zip32	714 Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name	7. Name and Address of Current F	
	NOPWRITE	Street Add	ress (P.O. Box Number is Not Acceptable)	A
IN I	THIS SPACE			
8. The above pamed entiry submit	its this statement for the our pose of	ORTHONIO CHEMINO MERCENTRIMONICA PRES	WINTER PARK gistered agent, or both, in the State of Flor	FL 32989
	no and additionally the purpose of	aronging is registered onlice of te	gistered agent, or both, in the scate of Flor	ica.
SIGNATURE Signature, typed or printed in	name of registered agent and title if applicable.	(NOTE: Registered Agent signature o	equired when reinstating)	DATE
9. This corporation is eligible to s. Tax filing requirement and elec (See criteria on back)	cts to do so. MakeiC	riumy 1. Way 1. 745 is \$150 b After May 1. Fae is \$500 b Arterided UBR is \$6128 Back Paykole to Department \$	10. Election Campaign Fina Trust Fund Contribution	shoring \$5.00 May Be Added to Fees
11. P	OFFICERS AND DIRECTORS	inii ara		
	L A MHOL L CHESTNUT AVE	NAME STREET ABORESS		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TITLE WINTER	R PARK, FL 32.	7 89 arvistige		E034E
NAME STREET ADDRESS		NAME STREET ADDRESS	i ni zasta da propinski propinski podali 12. gradi Stavenski pod 100 stavanja	2 B
CITY-ST-ZIP		(CITY-ST-20) S. S.	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
NAME STREET ADDRESS		INAME IN		
CITY-ST-ZIP		201A 21-38-54; 2 221/621-58-54; 2	A PARTIE OF THE PROPERTY OF THE PARTIES AND TH	
TITLE NAME STREET ADDRESS		NAME TO THE	SA ANTHISS	PAGE
City-St-ZiP		STRECT ADDRESS CITY ST. ZP.		
NAME		TITLE**		
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CO		
TITLE NAME		int.		And the second s
STREET ADDRESS CITY-ST-ZIP		STREET AUDRESS		
13. I hereby certify that the information supplied with this filing does not civally for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information of the corporation for the receiver or trasfee empowered to execute his report as Dequired by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPRINGER OR DIRECTOR				