## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

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	MENT # <b>P980000</b>	85060							
NOVEMBER-RESOURCES I, INC.					FILED				
					OI JAN 25 PM 3: 1	6			
Principal Place of Business Mailing Address									
7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156		7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156			SECRETARY OF STATI TALLAHASSEE, FLORI	DA DA			
A Delevie of F	Diagram of Dissipance								
2. Principal Place of Business		3. Mailing Address		. 1 12011241 110 10101 1011: 4021 0021 0021 2014 1010 0111 0011 0011					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		<b>4</b> . F	El Number <b>65-1001674</b>		— <u> </u>	plied For t Applicable	
Zip Country		Zip Country		Certificate of Status Desired					
	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Regis	tered Age	nt		
Name									
7695	MAN, ERIC P 5 S.W. 104TH ST. STE. 210		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAN	Al FL 33156		011				71.0.1		
				City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its regis	tered office or registe	ered age	ent, or both, in the State of Florida				
SIGNATURE									
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regis	tered Agent signature require	ed when rei	nstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE After MAY 1, 2001 Fee			•		10. Election Campaign Financi Trust Fund Contribution.	ng		<b>0</b> May Be	
(See crite	ria on back)	Make Check Payable to	Department of St	ate	Trust Furia Contribution.	U	Added	to rees	
11.	OFFICERS AND D		<b>2</b> .	ADI	DITIONS/CHANGES TO OFFICER				
TITLE NAME	LITTMAN, ERIC P	_ 55,005	TITLE NAME		10000357	'54F	Change	Addition	
STREET ADDRESS	7695 S.W. 104TH ST. STE. 210		STREET ADDRESS		-01/26/01	0100	i300	34	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		10000357 -01/26/01 ***4350.1	00 <b>*</b> *	**150		
TITLE			TITLE				Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete T	TILE				Change	☐ Addition	
NAME		N	IAME						
STREET ADDRESS C/TY-ST-ZIP			STREET ADDRESS						
TITLE			TILE				Change	Addition	
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TITLE		☐ Delete T	ITLE		. ,		Change	Addition	
NAME			IAME						
STREET ADDRESS CITY-ST-ZIP			TREET ADDRESS				SP	ł	
13. í hereby d	I certify that the information supplied with t	his filing does not qualify for the e	xemption stated in S	ection 1	19.07(3)(i), Florida Statutes. I furti	her certify t	hat the in	formation	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empoyer or on an attachment with an address, wi	rue and accurate and that my sig rered to execute this report as rec	nature shall have the	same le	egal effect as if made under oath;	that I am a	ın officer (	or director	