2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000096281 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** NOVA HOLDINGS, INC. 01-20-2000 90239 050 ***150.00 Mailing Address Principal Place of Business 1621 NORTH OCEAN BLVD. 1621 NORTH OCEAN BLVD. POMPANO BEACH FL 33062-3428 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0875358 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUSSAIN, SYED M Street Address (P.O. Box Number is Not Acceptable) 1621 NORTH OCEAN BLVD. POMPANO BEACH FL 33062 Zip Code City 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. DATE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition (5/10 Z Z ☐ Delete TITLE NAME NAME HUSSAIN, GLORIA L STREET ADDRESS STREET ADDRESS 1621 NORTH OCEAN BLVD. CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33062 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HUSSAIN, SYED M STREET ADDRESS STREET ADDRESS 1621 NORTH OCEAN BLVD. CITY ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition Delete NAME- - ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

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 accurate and the provided of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

954/923-5057

Daytime Phone #