2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004483

1. Entity Name

NOVOHILO, INC.

Principal Place of Business — Mailing Address

473 MENDOZA AVE, SUITE 5
CORAL GABLES, FL 33134

FILED
01 APR 25 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886120 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA FERNANDO EFREN
10921 NW. 69 ST.
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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] — 4-24-01
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, 2001 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: CLAUDIA MORA (DIRECTOR), 473 MENDOZA AVE #5, CORAL GABLES, FL 33134 ☐ Delete	☐ Change ☐ Addition — 600004163646--9 -05/08/01--01146--001 ****150.00 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: FERNANDO GARCIA (DIRECTOR), 473 MENDOZA AVE #5, CORAL GABLES, FL 33134. ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ 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: Claudia Mora — 4-24-01 — 305-648-0178