

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90948 022 ***150.00

DOCUMENT # P99000016679

1. Entity Name
NOVO'S INTERNATIONAL, CORP.

| | |
|---|---|
| Principal Place of Business 2190 ALAMANDA DRIVE NORTH MIAMI FL 33181 | Mailing Address 2190 ALAMANDA DRIVE NORTH MIAMI FL 33181 |
|---|---|

| | |
|--|-----------------------------------|
| 2. Principal Place of Business 7710 NW 72 AVE. | 3. Mailing Address SAME |
| Suite/Apt./#; etc. | Suite/Apt./#; etc. |
| City & State MEDELEY FL | City & State |
| Zip 33166 | Country DAOE |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-0896002 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CARROLL, LINDA L
 ONE SOUTHEAST THIRD AVENUE
 1260 SUNTRUST INTERNATIONAL CENTER
 MIAMI FL 33131-1714**

7. Name and Address of New Registered Agent

Name
AVEL A. GONZALEZ CPA

Street Address (P.O. Box Number is Not Acceptable)
2688 SW 137th Ave.

City
Miami

FL Zip Code
33175

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 **4/27/01**
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 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS NOVO, ANNA 2190 ALAMANDA DRIVE NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT NOVO, CARLOS 2190 ALAMANDA DRIVE NORTH MIAMI FL 33181 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **4/27/01** **(305) 888-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)