FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91749 037 ***150.00

DOCUMENT # P99000023549

1. Entity Name
The Novella Group Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
7115 Sportsmans Dr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: North Lauderdale, Fl. 33068	City & State	4. FEI Number: ✓ Applied For / Not Applicable
Zip: 33068 / Country	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Christopher J. metzler, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1498 NW 54th St.
City: miami FL Zip Code: 33142

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: Christopher J. metzler Christopher J. metzler 05/08/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's 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) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President NAME: Ingrid metzler STREET ADDRESS: 7115 Sportsmans Dr. CITY-ST-ZIP: North Lauderdale, Fl. 33068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice-president NAME: Christopher metzler STREET ADDRESS: 7115 sportsmans Dr. CITY-ST-ZIP: North Lauderdale, Fl. 33068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Deane metzler STREET ADDRESS: 715 spatsmans Dr CITY-ST-ZIP: North Lauderdale, Fl. 33068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
TITLE: Secretary NAME: michelle metzler STREET ADDRESS: 7115 spatsmans Dr. CITY-ST-ZIP: North Lauderdale, Fl. 33068	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: IN THIS SPACE
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CR3E034B (11/21) 8403

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher J. metzler 05/08/02 786-318-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #