FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<u> </u>	MIPONN DOSINE	JJ REFUR!	101	/n/	·		
DOCUMENT # P990000235-49 1. Entity Name					FILED		
The	Novella 61	roup, Inc	·		03 OCT -9 PM 2: 37		
	DO NOT WRITE		PAC	E	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal for A 707 Suite. Apt	Place of Business N Andrews Av . #, etc.	3. Mailing Address Suite, Apt. #, etc.	GS	#2	DO NOT WRITE IN THIS SPACE		
ACity & Sta	ate Qua 71	City & State			4. FEI Number Applied Fo Not Applied Fo Not Applied Fo		
Zip 333	3311 Braisard Zip		Countr		5. Certificate of Status Desired		
				Name	7. Name and Address of Current Registered Agent		
	DO NOT WI	RITE		Street Address !	P.O. Box Number is Not Acceptable)		
	IN THIS SP	化化物 医乳腺性 化氯甲酚甲基甲酚甲酚		1498	1.0. BOX NOTIFIED IS NOT ACCEPTABLE)		
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				City Mican	FL Zio Code	2	
	e named entity submits this statement for		registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and acc		
the obligations of registered agent. 10 123/0.3 SIGNATURE Christoper J. Motz/er Signature, typed or printed risms of registered agent and title it applicable. MNOTE: Registered Agent signature required when reinstating) DATE							
January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. Added to Fees		
10.	GFFICERS AND D	<u> </u>	18.34			75	
TITLE NAME	President		TITLE NAME	ふか っぱしゅどし		(12/02	
STREET ADDRESS	Ingria Metels)	18 - March	T ADORESS			
CITY-ST-ZIP	7115 Sports man	e 33068	усπу-я	*		<u>8</u>	
TITI.E NAME	Michelle Mote	-	TITLE.	神 一点 医タト でってるに		CRZE034B	
STREET ADDRESS CITY-ST-ZIP	6305 NW 23	54		TADDRESS			
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TITLE NAME. STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	t on this report or supplemental report is t	rue and accurate and that m wered to execute this repor	NAME STREET CITY - S the exem	appress ption stated in Sere shall have the street by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or direct or, Florida Statutes; and that my name appears in Block 10 or on an	lor	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	on this report or supplemental report is tripporation or the receiver or trustee emporant with an address, with all other like emporant with an address.	rue and accurate and that m wered to execute this repor	STREET CITY -s the exem ny signatu t as requi	ADDRESS ST-ZIP splion stated in Sere shall have the sered by Chapter 60	same legal effect as if made under oath; that I am an officer or direct	tor 1	