


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990000235-49	
1. Entity Name The Novella Group, Inc.	

FILED
03 OCT -9 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2707 N Andrews Ave Suite, Apt. #, etc.		3. Mailing Address Same as #2 Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State	
Zip 33311	Country BRAZIL	Zip	Country

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Chris Metzler esq. Street Address (P.O. Box Number is Not Acceptable) 1498 NW 54 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. I am familiar with, and accept the obligations of registered agent.		10/23/03
SIGNATURE Christopher J. Metzler	Christopher J. Metzler	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ingrid Metzler 7115 Sportsman Dr NW (Ave) FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle Metzler 6305 NW 23 ST Margate, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: Michelle Metzler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	10/23/03 (454) 565-3502 Date Daytime Phone #

CR2E034B (12/02)