2903 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNI	LOKW ROZINI	:99 KEPUKI	(L	BK	<u> </u>	r.	ii Eh		
DOCUMENT # P9900074993 1. Entity Name NOVELTY INC.						FILED 03 NOV -5 AM 9: 40			
 				W. W.	TEE	SECRET	HIT OF STA	TE	
Principal Place of Business Mailing Address 16711 COLLINS AVE 16711 COLLINS AVE						FALLAHA	SSEE FLOR	IDA	
SUITE 210 SUITE 210									
SUNNY ISLES FL 33160 SUNNY ISLES FL 3316									
2. Principal Pla	ace of Business	3. Mailing Address							7. 2.
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				REINSTAR	RE'IF MAKING	CHANCES.) ************************************
City & State		City & State		·	4.	FEI Number 65-0949	774	<u> </u>	pplied For ot Applicable
Zip Country 6. Name and Address of Curre		,				Certificate of Status Desire	eci 🗆 🖁	8.75 Add ee Require	litional d
						7. Name and Address of New Registered Agent			
TOURS!	AL OFFICIE			Name		-	-		
	(n,-serguei Lins ave			_Street:Ad	ddress (P.O.:	Box Number is Not Accept	able)		
SUITE 210		•			· .	<u>nopo23</u>	មកលិខ:	70	เกิ
SUNNY ISLES FL 33160				10/21/0301063013 **750.00 City FL Zip Code					
	named entity submits this statement for ons of registered agent.	or the purpose of changing its re	egistere	d office or	registered a	igent, or both, in the State o	f Florida. I am fa	amiliar with,	and accept
SIGNATURE _	. <i>M</i>	ERNYKN SERC			l -o ユージ		, DATE		
After Sep Make Check	LE NOW!!! FEE IS \$550.00 tember 10, 2003 Fee will be \$750 Payable to Florida Department o	f State				9. Election Campaigr Trust Fund Contrib	ution.	Added	0 May Be I to Fees
TITLE	OFFICERS AND	Delete		11. PRE.		DENT	OFFICERS AND	DIRECTORS Change	Addition
	ROUDENKO, FILIPP	NA ST		NAME ROUSTREET ADDRESS 1751		NKO FILIPP		Change	Addition
STREET ADDRESS CITY-ST-ZIP	16711 COLLINS AVE # 410 SUNNY ISLES FL 33160					COLLING AVE.	,#3106 5160		
TITLE		☐ Delete	TITLE			PRESIDENT		☐ Change	Addition
NAME	•		NAME	T ADDRESS	TCHER	ERNYKN, SERGUEÌ (1 Collins Ave., #210			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		y ISLES, FL 3			
TITLE	the second of the second	Delete	TITLE	·	,,			☐ Change	Addition
NAME			NAME	T ADDRESS		~		-	
STREET ADDRESS				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME					-	
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP		☐ Delete	TITLE	31-21°				☐ Change	Addition
NAME		□ Osidis	NAME					51161190	reaction
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			L	ST-ZIP					<u> </u>
indicated of of the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my owered to execute this report as	signatu	ire shall ha	ave the same	e legal effect as if made und	der oath; that I a	m an officer	or director

SIGNATURE: FRESH DE FRESH DE SIGNING DE JURE DE SIGNING DE JURE DE SIGNING DE