

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000097576**1. Entity Name
NOVELTEAMS CORPORATION

Principal Place of Business	Mailing Address
11502 N.E. 7TH AVENUE	P.O. BOX 190751
BISCAYNE PARK FL 331616340	MIAMI BEACH FL 33119

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 190751
City & State	City & State
MIAMI BEACH FL	MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0959725	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

WALL JEFFREY
11502 N.E. 7TH AVENUE
BISCAYNE PARK FL 331616340 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE **04/30/2001**
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	☐ Delete
NAME	WALL JEFFREY	
STREET ADDRESS	11502 N.E. SEVENTH AVENUE	
CITY-ST-ZIP	BISCAYNE PARK FL 331616340	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jeffrey J. Wall

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)