

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90044 029 ***150.00

DOCUMENT # P99000097576

1. Entity Name
NOVELTEAMS CORPORATION

Principal Place of Business
11502 N.E. 7TH AVENUE
BISCAYNE PARK FL 33161-6340

Mailing Address
P.O. BOX 190751
MIAMI BEACH FL 33119-0751

2. Principal Place of Business
11502 NE 7TH AVE.
 Suite, Apt. #, etc.

3. Mailing Address
11502 NE 7TH AVE
 Suite, Apt. #, etc.

City & State
MIAMI, FL. 33161-6340
 Zip
33161-6340 Country
USA

City & State
MIAMI, FL. 33161-6340
 Zip
33161-6340 Country
USA

4. FEI Number **65-0959725** **Applied For**
 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 33161-6340

7. Name and Address of New Registered Agent
 Name **WALL, JEFFREY**
 Street Address (P.O. Box Number is Not Acceptable)
11502 NE 7TH AVENUE
 City **MIAMI, FL.** **FL** Zip Code **33161-6340**

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 Jeffrey J. Wall Novelteams Corp. President 1/5/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P WALL, JEFFREY 11502 N.E. SEVENTH AVENUE BISCAYNE PARK FL 33161-6340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P WALL, JEFFREY 11502 NE 7TH AVENUE MIAMI, FL. 33161-6340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Novelteams Corp. President 1/5/02 (305) 892-7240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

RECEIVED AT

CR2E034 (9/01)