

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097806

1. Entity Name  
**NOVA SUNNY ISLES CORPORATION**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90095 007 \*\*\*150.00

Principal Place of Business <b>4770 BISCAYNE BLVD., SUITE 1410 MIAMI FL 33131</b>	Mailing Address <b>4770 BISCAYNE BLVD., SUITE 1410 MIAMI FL 33137-3251</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>P O Box 43-2720</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SOUTH MIAMI, FL</b>	4. FEI Number <b>65-0962793</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33243-2720</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>JOYCE, RICHARD F III 9555 N KENDALL DRIVE SUITE 200 101 MIAMI FL 33176</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 101</b>	
		City <b>FL</b>	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: **4-14-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CABRERA, EMILIO JR</b>		NAME	
STREET ADDRESS <b>4770 BISCAYNE BLVD., SUITE 1410</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>33137</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CABRERA, HILDA I</b>		NAME	
STREET ADDRESS <b>4770 BISCAYNE BLVD., SUITE 1410</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>33137</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **HILDA I. CABRERA** **4/7/2000** **(305) 576-3110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)