FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P99000097925** 1. Entity Name NOVA 82ND STREET CORPORATION 04-25-2001 90078 048 ***150.00 Principal Place of Business Mailing Address 4770 DISCAYNE BLVD SUITE 1410 P O BOX 43-2720 MIAMI PL 33131 SOUTH MIAMI FL 33243-2720 2. Principal Place of Business 3. Mailing Address 1225 SW 684h St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10 City & State 4. FEI Number Applied For City & State 65-0962794 Liam Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3315Q Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABRERA JOYCE, RICHARD F III--9555 N. KENDALL DRIVE -- SUITE 101-Miami -MIAMI FL-33176 City 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 9, This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NAME NAME CABRERA, EMILIO JR 7225 SW 684h St #10 STREET ADDRESS STREET ADDRESS 4770 BISCAYNE BLVD.; SUITE 1410 CITY-ST-ZIP CITY-ST-ZIF FL 33146 MIAMI FL 33137 -TITLE ☐ Delete TITLE NAME NAME CABRERA, HILDA I 7225 SW LAYAN ST STREET ADDRESS STREET ADDRESS 4770 BISCAYNE BLVD., SUITE 1410 CITY-ST-ZIP CITY-ST-ZIP FL 33166 Miami MIAMI-FL 33137 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 4/17/01 (305)805-755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Unife Phone #

;R2E034 (10/00)