

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90171 027 ***150.00

DOCUMENT # P99000099225

1. Entity Name

NOVA COLLINS AVENUE CORPORATION

Principal Place of Business

Mailing Address

~~4770 BISCAYNE BLVD., STE. 1410~~
~~MIAMI FL 33131~~

P O BOX 432720
SOUTH MIAMI FL 33243-2720
US

2. Principal Place of Business

3. Mailing Address

7225 SW 68th St

Suite, Apt. #, etc.

10

City & State

Miami FL

City & State

Zip

33166

Country

US

Country

4. FEI Number

65-0962795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

EMILIO CABRERA

Street Address (P.O. Box Number is Not Acceptable)

7225 SW 68th St #10

Miami

City

FL

Zip Code

33166

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 *Emilio Cabrera* **Emilio Cabrera, President**

4/17/01

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.
(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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CABRERA, EMILIO JR**
CITY-ST-ZIP **4770 BISCAYNE BLVD., STE. 1410**
MIAMI FL 33137

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7225 SW 68th St #10**
CITY-ST-ZIP **Miami FL, 33166**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **CABRERA, HILDA I**
CITY-ST-ZIP **4770 BISCAYNE BLVD., STE. 1410**
MIAMI FL 33137

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7225 SW 68th St #10**
CITY-ST-ZIP **Miami FL, 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: *Hilda I. Cabrera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda I. Cabrera **4/17/01**

Date

Daytime Phone #

305-805 755

0501928

CR2E034 (10/00)