

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90475 033 \*\*\*150.00

**DOCUMENT # V57580**

1. Entity Name  
**NOVIS, CORP.**

Principal Place of Business  
**1248 WEST 44 PLACE**  
**HIALEAH FL 33012**

Mailing Address  
**1248 WEST 44 PLACE**  
**HIALEAH FL 33012**

2. Principal Place of Business  
**7365 NW 36 ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7365 NW 36 ST**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0349345**

Applied For  
 Not Applicable

Zip **33166** Country **DADE**

Zip **33166** Country **DADE**

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**

**CORTINOVIS, CARLO G.**  
**12831 SO. CALUSA CLUB DR.**  
**MIAMI FL 33186**

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GILLEY, KARIN</b>
STREET ADDRESS	<b>15983 SW 85 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33193</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CORTINOVIS, CARLO G.</b>
STREET ADDRESS	<b>12831 SOUTH CALUSA CLUB DR</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: KARINA GILLEY 04/11/01 (305) 629 9980  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)