

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000054213

**Entity Name:** STEPHANIE NOVEL INSURANCE INC

**Current Principal Place of Business:**

240 NW 25TH ST  
715  
MIAMI, FL 33127

**Current Mailing Address:**

240 NW 25TH ST  
715  
MIAMI, FL 33127 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOVEL, STEPHANIE  
240 NW 25TH ST  
715  
MIAMI, FL 33127 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NOVEL, STEPHANIE  
Address 240 NW 25TH ST  
715  
City-State-Zip: MIAMI FL 33127

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE NOVEL

**PRESIDENT**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date