2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72052 1. Entity Name

NEW ERA ENTERPRISES CORP.

Principal Place of Business	Mailing Address
6461 SW 8TH ST MIAMI FL 33144 US	1640 S.W. 967H AVE. MIALUF FL 33165-7630 US YALL
2. Principal Place of Business	3, Mailing Address

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90007 042 ***150.00

MIAMI F US	L 33144	MANN FL 33165-7630 US YA	100	T HOUSHOUR HISTE LOOKIO LLOUSE OORSEL GIVLEN HIGH GLOUI	BJOK ORBIT DIBIT ORBIT BIBLI (DEL		
2. Prin	ncipal Place of Business	3, Mailing Address	Str (H-				
Suit	te, Apt. #, etc.	Suite, Apt. #, etc.	72/4/	DO NOT WRITE IN TH	IIS SPACE		
City	/ & State	City & State	331	4. FEI Number 59-28 18043	Applied For Not Applicable		
Zip	Country	33 WU 119	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registers	ed Agent		
	AUALU ST SAAAC	SW 87n St 4, Fl. 331	44	P.O. Box Number is Not Acceptable)	L Zip Code 149		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Tax (Se	s corporation is eligible to satisfy its Intangible x filing requirement and elects to do so. se criteria on back)	After MAY 1, 2001 Make Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of State		\$5.00 May Be Added to Fees		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS A			
NAME STREET AI CITY-ST-		Delete 5 W 844 SH 6 PS 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6461 SW 844 5	Change Addition		
NAME STREET AL	10.09	□ Delete 6/56 844 St 9 F/ 33/44	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Change Addition		
NAME STREET ALL		SW8th St 6) Pd. 33144	NAME STREET ADDRESS CITY-ST-ZIP	46/5W 844 5	Change Addition		
TITLE NAME STREET AT CITY-ST-	DOTRESS 1640 SAL 96TH AVE MAMI FL 33165	Delete 6/8 W 8 45 5 14) F/. 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6461 5W84	Change Addition		
TITLE NAME STREET AL CITY-ST-	DDRESS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET AL CITY-ST-	1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
13. I he	ereby certify that the information supplied with the	nis filing does not qualify for th	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes, I further of	certify that the information		

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 AND TYPED OR PRINT SIGNING OFFICER OR DIRECTOR