

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F72886

1. Entity Name

NEW TECH INDUSTRIES INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90032 001 ***150.00

Principal Place of Business 5000 OAKES ROAD SUITE A DAVIE FL 33314 US	Mailing Address C/O PARDEE ACCT 7991 A JOHNSON ST PEMBROKE PINES FL 33024-6875 US
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. EEL Number	Applied For
59-2175005	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

PARDEE, JAMES A JR
 3999 LANSING AVENUE
 COOPER CITY FL 33026

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	VD	<input type="checkbox"/> Delete
NAME	PARDEE, JAMES	
STREET ADDRESS	3999 LANSING AVENUE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSE, HARRY M	
STREET ADDRESS	2115 SW 97 LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARDEE, BARBARA B	
STREET ADDRESS	3999 LANSING AVENUE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSE, DONNA	
STREET ADDRESS	2115 SW 97 LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDEE, JAMES A, JR.	
STREET ADDRESS	6121 APPALOOSA TRAIL	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDEE, BARBARA B.	
STREET ADDRESS	6121 Appaloosa Trail	
CITY-ST-ZIP	ft. Lauderdale, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 of 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)