

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90914 035 ***150.00

0215420 AV

DOCUMENT # P01000021453

1. Entity Name
NEW PORT GROUP HOLDINGS INC.

Principal Place of Business
**150 ALHAMBRA CIRCLE SUITE 1270
 CORAL GABLES FL 33134**

Mailing Address
**150 ALHAMBRA CIRCLE SUITE 1270
 CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1083036

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

RODRIGUEZ, JOSE A
**150 ALHAMBRA CIRCLE SUITE 1270
 CORAL GABLES FL 33134**

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	REMONDO, CELIA MARIA	150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	Remonda, Celia Maria	150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	P, S, T	Remonda, Celia Maria	150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP, D	Carolina de Miguel Remonda	150 Alhambra Circle - Suite 1270 Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MARIANA de MIGUEL REMONDA	150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/02
 Date

Daytime Phone #

CR2E034 (9/01)