

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90525 006 ***150.00

0293594 AV

DOCUMENT # P94000032616

1. Entity Name
THE NEW SOUTH CONSULTING CORPORATION



Principal Place of Business
**5627 SW 107 AVE
MIAMI FL 33173
US**

Mailing Address
**5627 SW 107 AVE
MIAMI FL 33173
US**

11004495



2. Principal Place of Business
13240 SW 88 LANE

3. Mailing Address
13240 SW 88 LANE

Suite, Apt. #, etc.
E106

Suite, Apt. #, etc.
E106

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0497950**

Applied For
Not Applicable

Zip **33186** Country **USA**

Zip **33186** Country **USA**

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

**FAINSTEIN, MANNY
223 NW 27 AVE
MIAMI FL 33125**

Name **MANNY FAINSTEIN**
Street Address (P.O. Box Number is Not Acceptable)

13240 SW 88 LANE

City **MIAMI** FL Zip Code **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-----------------|-------------|---------------------------------|
| DPS | FAINSTEIN, MANNY | 223 NW 27TH AVE | MIAMI FL | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/18/03** (305) 408-0707
Daytime Phone #

CR2E034 (10/02)