

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90198 049 ***150.00

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1. Entity Name
NEW WORLD HISPANIC RESEARCH INC.

Principal Place of Business
**2730 SW THIRD AVE.
STE. 202
MIAMI FL 33129
US**

Mailing Address
**2730 SW THIRD AVE.
STE. 202
MIAMI FL 33129
US**



2. Principal Place of Business
2730 SW Third Ave

3. Mailing Address
2730 SW Third Ave.

Suite, Apt. #, etc.
Ste 206

Suite, Apt. #, etc.
Ste 206

CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0665874

Applied For
 Not Applicable

Zip Country
33129 USA

Zip Country
33129 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LECHTER, ALIDA
456 ALMERIA AVE,
STE 205
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Lechter, Alida**
Street Address (P.O. Box Number is Not Acceptable)
2730 SW Third Ave, Ste 206
City **Miami** FL Zip Code **33129**

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 **4/1/03**

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 Delete
NAME **DVPS LECHTER, ALIDA**
STREET ADDRESS **156 ALMERIA AVE, STE 205**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DP LECHTER, ADRIAN**
STREET ADDRESS **456 ALMERIA AVE, STE 205**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date **4/1/03**

Daytime Phone # **305-860-0122**

CR2E034 (10/02)