

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90936 048 \*\*\*150.00

**DOCUMENT # P99000007117**  
 1. Entity Name  
**NEW CONTINENT SUPPLIERS, INC.**

Principal Place of Business 10822 S.W. 72ND ST., UNIT 92 MIAMI FL 33173	Mailing Address 10822 S.W. 72ND ST., UNIT 92 MIAMI FL 33173-2712
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2. Principal Place of Business <b>9143 SW 70 TERRACE</b> Suite, Apt. #, etc.	3. Mailing Address <b>9143 SW 70 TERRACE</b> Suite, Apt. #, etc. <b>M</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>



DO NOT WRITE IN THIS SPACE

Zip <b>33173</b>	Country <b>USA</b>	Zip <b>33173</b>	Country <b>USA</b>
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4. FEI Number <b>65-0882525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 ROSAS, GUSTAVO M  
 10822 S.W. 72ND ST., UNIT 92  
 MIAMI FL 33173

**7. Name and Address of New Registered Agent**  
 Name **ROSAS, GUSTAVO M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9143 SW 70 TERRACE**  
**MIAMI, FL 331**  
 City **MIAMI** FL Zip Code **33173**

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 *Gustavo Rosas* **GUSTAVO M. ROSAS** DATE **4-27-2000**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROSAS, GUSTAVO M</b> <b>10822 S.W. 72ND ST., UNIT 92</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>RODRIGUEZ, EDSON O</b> <b>7786 GRANADA BLVD.</b> <b>MIRAMAR FL 33023</b>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9143 SW 70 TERRACE</b> <b>MIAMI, FL 33173</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Gustavo Rosas* **GUSTAVO M. ROSAS** DATE **4-27-2000** DAYTIME PHONE # **(305) 271-2221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)