

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021453

**Entity Name:** NEW PORT GROUP HOLDINGS INC.

**Current Principal Place of Business:**

C/O JOSE A RODRIGUEZ, ESQ  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O JOSE A RODRIGUEZ, ESQ  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131

**FEI Number:** 65-1083036

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, JOSE A  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name REMONDA, CELIA M  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name DE MIGUEL REMONDA, CAROLINA  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name DE MIGUEL REMONDA, MARIANA  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CELIA M REMONDA

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02/18/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date