

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459820

1. Entity Name

NEWPORT OF FLORIDA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90144 016 ***150.00

Principal Place of Business

6704 MAYBOLE PLACE
TEMPLE TERRACE FL 33617

Mailing Address

6704 MAYBOLE PLACE
TEMPLE TERRACE FL 33617

2. Principal Place of Business

1913 S. OAKMONT AVE

Suite, Apt. #, etc.

3. Mailing Address

1913 S. OAKMONT AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

Zip 33629

Country

USA

City & State

TAMPA, FLORIDA

Zip 33629

Country

USA

4. FEI Number

59-1549369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEN, TSONG-MING
6704 MAYBOLE PLACE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

MICHAEL O. ABDONEY

Street Address (P.O. Box Number is Not Acceptable)

1913 S. OAKMONT AVE

City

TAMPA

FL

Zip Code

33629

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]

MICHAEL O. ABDONEY

4/23/01

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CHEN, TSONG-MING	
STREET ADDRESS	6704 MAYBOLE PLACE	
CITY - ST - ZIP	TEMPLE TERRACE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHEN, YING-MEI	
STREET ADDRESS	6704 MAYBOLE PLACE	
CITY - ST - ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL O. ABDONEY	
STREET ADDRESS	1913 S. OAKMONT AVE	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBECCA ABDONEY	
STREET ADDRESS	1913 S. OAKMONT AVE	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]

MICHAEL O. ABDONEY

4/23/01

(813) 254-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

CR2E034 (10/00)