

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

DOCUMENT # F0100000735
1. Entity Name
NEWPORT SALES, INC.



90131041

Principal Place of Business
PO BOX 58
ONE NEWPORT PLAZA
FREEPORT, NY 11520

Mailing Address
PO BOX 58
ONE NEWPORT PLAZA
FREEPORT, NY 11520

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Zip

City & State
Zip

4. FEI Number
11-2636504
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fec Required

6. Name and Address of Current Registered Agent
KLEIN, CARL M
4747 COLLINS AVE., #815
MIAMI BEACH, FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* DATE

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-STATE-ZIP	P KLEIN, CARL M ONE HEATHER LANE LAWRENCE, NY	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SPITZ, MARILYN 377 FOREST AVENUE WOODMERE, NY	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE

CR20034 (10/02)