

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F24171**

1. Entity Name

NEW PRODUCTS INTERNATIONAL CORPORATION

Principal Place of Business

**6801 N.W. 77TH AVE.
MIAMI FL 33166**

Mailing Address

**6801 N.W. 77TH AVE.
MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2076944**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERO, MARIO R.
6801 NW 77 AVENUE
SUITE 407
MIAMI FL 33166**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MAJOR, NEREIDA O. | |
| STREET ADDRESS | 7641 TAHITI LANE 105 | |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROQUE, ERNESTO A. | |
| STREET ADDRESS | 7111 SW 102 COURT | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RIVERO, MARIO R. | |
| STREET ADDRESS | 6801 NW 77 AVENUE SUITE 407 | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GARRIDO, DANIEL F | |
| STREET ADDRESS | 6801 NW 77 AVE -STE 407 | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario R. Rivero 04/24/01 (305) 883-6000

Date

Daytime Phone #

**FILED
May 02, 2001 8:00 am
Secretary of State**

05-02-2001 90160 014 ***150.00

00043043

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)