

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005634

Entity Name
NEWPORT DATABASE SYSTEMS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90008 016 ***150.00

Principal Place of Business W WINN CIRCLES FL 33326	Mailing Address 15889 W WINN CIRCLES SUNRISE FL 33326
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PISTONI, JORGE C 15889 W. WIND CIRCLE SUNRISE FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<div> <div>ADDRESS</div> <div>ST ZIP</div> </div> <div> <input type="checkbox"/> Delete </div> <div> PDC PISTONI, JORGE C 15889 W. WIND CIRCLE SUNRISE FL 33326 </div>	<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
<div> <div>ADDRESS</div> <div>ST ZIP</div> </div> <div> <input type="checkbox"/> Delete </div>	<div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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 an other like empowered.

SIGNATURE:	JORGE PISTONI, PRES.	2/14/2000	(954) 224-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)