

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90208 003 ***150.00

0681648 FP

DOCUMENT # K30018

1. Entity Name
NEW ERA SOUTHERN CORPORATION



Principal Place of Business

~~24821 S. DIXIE HWY~~
MIAMI FL 33132

Mailing Address

~~24821 S. DIXIE HWY~~
MIAMI FL 33132

2. Principal Place of Business

22760 S. Dixie Hwy
Suite, Apt. #, etc.
Miami
City & State
Florida

3. Mailing Address

22760 S. Dixie Hwy
Suite, Apt. #, etc.
Miami
City & State
FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0097339

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DELPINO, AMBARO
24821 S. DIXIE HWY
MIAMI FL 33132

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEL PINO, AMBARO**
STREET ADDRESS **24821 S. DIXIE HWY**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-presidente** ☐ Change ☒ Addition
NAME **ISABEL C. del Pino**
STREET ADDRESS **22760 S. Dixie Hwy**
CITY-ST-ZIP **Miami, FL 33170**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Isabel C. del Pino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 (305) 257-5172
Date Daytime Phone #

CR2034 (10/02)