

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015223

1. Entity Name
NEWCO INTERNATIONAL, L.L.C.

Principal Place of Business
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

2. Principal Place of Business
4800 N FED HWY
Suite, Apt. #, etc. 105D

3. Mailing Address
4800 N FED HWY
Suite, Apt. #, etc. 105D

City & State BOCA RATON
Zip 33431 Country US

City & State BOCA RATON
Zip 33431 Country US

4. FEI Number
52-229937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Mitch Taylor CPA PA
Street Address (P.O. Box Number is Not Acceptable)
4800 N. FED. HWY
City BOCA RATON FL Zip Code 33431

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-12/26/01--01091--001

***150.00 ***150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME POSTASH, RUDOLF P/S
STREET ADDRESS 910 4800 N. Fed. Highway
CITY-ST-ZIP Suite 105D Boca Raton, FL 33431

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

PRES.

10/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 DEC 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)