


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90064 014 ****50.00

0004695

DOCUMENT # L00000015223		
1. Entity Name NEWCO INTERNATIONAL, L.L.C.		

Principal Place of Business 4800 N FEDERAL HIGHWAY, SUITE 105D BOCA RATON FL 33431	Mailing Address 4800 N FEDERAL HIGHWAY, SUITE 105D BOCA RATON FL 33431
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90157587

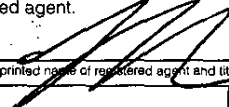


2. Principal Place of Business		3. Mailing Address 4019 S. OCEAN BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Highland Bch FL	
Zip	Country	Zip 33487	Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent TAYLOR, MITCH CPA PA 4800 N FEDERAL HIGHWAY BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1251 S. FEDERAL HWY #110 City BOCA RATON FL Zip Code 33432	
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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.

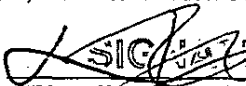
SIGNATURE  (NOTE: Registered Agent Signature required when reinstating)

DATE 9/11/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS POSTASY, RUDOLF 4800 N FEDERAL HIGHWAY SUITE 105D BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** 9/11/03 8127-5627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)