

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90064 020 ****50.00

0004251

DOCUMENT # L02000034786

1. Entity Name

NEWOPS INTERNATIONAL CONSULTING, LLC



Principal Place of Business

**480 ALEXANDRA CIRCLE
WESTON FL 33326**

Mailing Address

**480 ALEXANDRA CIRCLE
WESTON FL 33326**

2. Principal Place of Business

480 Alexandra Circle
Suite, Apt. #, etc.

3. Mailing Address

480 Alexandra Circle
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Weston FL

City & State

Weston FL

4. FEI Number

EIN 57-1144865

Applied For

☐ Not Applicable

Zip

33326

Country

U.S.

Zip

33326

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FULLER, NANCY
480 ALEXANDRA CIRCLE
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **None**

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FULLER, DON**
STREET ADDRESS **480 ALEXANDRA CIRCLE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGR** ☐ Delete
NAME **FULLER, NANCY**
STREET ADDRESS **480 ALEXANDRA CIRCLE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGR** ☐ Delete
NAME **KINEKE, JACK**
STREET ADDRESS **480 ALEXANDRA CIRCLE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME **kincke**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

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

7/7/03

Date

954-384-9977

Daytime Phone #

CR2E083 (4/03)