

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000816

1. Entity Name
KOCH, NEWTON & PARTNERS, L.C.

Principal Place of Business
1700 E. LAS OLAS BLVD
#100
FORT LAUDERDALE FL 33301

Mailing Address
1700 E. LAS OLAS BLVD
#100
FORT LAUDERDALE FL 33301

FILED

01 JAN 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0685712

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, JOHN ROBERT III
1619 S.E. 13TH STREET
FORT LAUDERDALE FL 33316

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
NEWTON, JOHN ROBERT III
1619 S.E. 13TH STREET
FORT LAUDERDALE FL 33316 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KOCH, NEWTON & PARTNERS
~~POST OFFICE BOX 650~~
~~ROAD TOWN, TORTOLA B.V.I.~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KOCH, NEWTON & PARTNERS, S.L.
CALLE PORTO PI, 4
PALMA DE MALLORCA, 07015 SPAIN ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3000003631499-6
-02/02/01--01105--027
*****50.00 *****50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/19/01

954-525-7080

CR2E083 (11/00)