2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002238

1. Entity Name
NEW WORLD PROPERTIES & INVESTMENT, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 17 AM 10:20

Principal Place of Business	Mailing Address
2200 NORTHWEST CORPORATE BLVD., SUITE 400 BOCA RATON FL 33431	2200 NORTHWEST CORPORATE BLVD., SUITE 400 BOCA RATON FL 33431-7369

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868618 — Applied For / Not Applicable

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
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: HUMBERTO E. RUIZ Street Address (P.O. Box Number Not Acceptable): 2198 NW BOCA RATON BLVD #18 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: HUMBERTO E. RUIZ — 2/14/00
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		
TITLE	MGR	☐ Delete
NAME	JASBON, CARLO	
STREET ADDRESS	2200 NORTHWEST CORPORATE BLVD., SUITE 400	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGR	☒ Delete
NAME	SANDERS, ROBERT J	
STREET ADDRESS	2200 NORTHWEST CORPORATE BLVD., SUITE 400	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGR	☐ Delete
NAME	SIERRA JASBON, JOSE A	
STREET ADDRESS	2200 NORTHWEST CORPORATE BLVD., SUITE 400	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

10. ADDITIONS / CHANGES	
TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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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 — 2/14/00 — (561) 994-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)