2000 UNIFORM BUSINESS REPORT (UBR)

000003391 AF

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

DO NOT WRITE IN THIS SPACE

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

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JASBON, CARLO 2200 NORTHWEST CORPORATE BLVD., SUITE 400 BOCA RATON FL 33431	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANDERS, ROBERT J 2200 NORTHWEST CORPORATE BLVD., SUITE 400 BOCA RATON FL 33431	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIERRA JASBON, JOSE A 2200 NORTHWEST CORPORATE BLVD., SUITE 400 BOCA RATON FL 33431	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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mj 2/28/00

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CR2E083 (9/99)

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 #