

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008991

1. Entity Name

NEWTON DIVING, L.L.C.

Principal Place of Business

525 NE 2ND PLACE HIGHWAY, STE 100
DANIA BEACH FL 33004

Mailing Address

525 NE 2ND PLACE HIGHWAY, STE 100
DANIA BEACH FL 33004

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

65-0932212

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

MCKAY, MICHAEL

24800 N. FEDERAL HIGHWAY, STE 200E

BOCA RATON FL 33491

Name

Street Address (P.O. Box Number is Not Acceptable)

2 WEST DIXIE HIGHWAY

City

DANIA BEACH

FL

Zip Code

33004

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

700004036817--0
-04/20/01--01128--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM
MCKAY, MICHAEL
STREET ADDRESS
2 WEST DIXIE HIGHWAY, STE 100
CITY-ST-ZIP
DANIA BEACH FL 33004

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

TITLE NAME ☐ Delete
MGRM
BUTLER, MICHAEL
STREET ADDRESS
1515 N. FEDERAL HIGHWAY, STE. 106
CITY-ST-ZIP
BOCA RATON FL 33432

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
525 NE 2ND PLACE
DANIA BEACH FL 33004-2901

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

Michael Butler

040901

9549228134

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

Date

Daytime Phone #

0008545 AF

CR2E083 (11/00)

FILED
01 APR 12 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE