

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M28028

1. Entity Name
NEWPORT INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

~~13951 SW 66 ST~~
~~SUITE 807A~~
~~MIAMI FL 33183~~
~~US~~

~~13951 SW 66 ST~~
~~APT 807A~~
~~MIAMI FL 33183~~
~~US~~

2. Principal Place of Business
6465 SW 135 AVE

3. Mailing Address
6465 SW 135 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL. 33183

City & State
MIAMI, FL. 33183

Zip Country
33183 DADE

Zip Country
33183 DADE

4. FEI Number 59-2650640

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINTO, FRANCISCO
~~13951 SW 66 ST APT 807A~~
~~MIAMI FL 33183~~

Name
Street Address (P.O. Box Number is Not Acceptable)
6465 SW 135 AVE.

City FL Zip Code
MIAMI 33183

8. The above named entity submits this report 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

4/24/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT ☐ Delete
NAME PINTO, FRANCISCO
STREET ADDRESS ~~13951 SW 66 ST APT 807A~~
CITY-ST-ZIP ~~MIAMI FL 33183~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6465 SW 135 AVE
CITY-ST-ZIP MIAMI, FL. 33183

TITLE SD ☐ Delete
NAME PINTO, FRANCISCO
STREET ADDRESS ~~13951 SW 66 ST APT 807 A~~
CITY-ST-ZIP ~~MIAMI FL 33183~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6465 SW 135 AVE.
CITY-ST-ZIP MIAMI, FL. 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with a number like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90060 038 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)