

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90103 045 ***150.00

DOCUMENT # M92782

1. Entity Name

NEW ERA TECHNOLOGY, INCORPORATED (NETECH)

Principal Place of Business

2435 NW 36TH TERR.
 GAINESVILLE FL 32605
 US

Mailing Address

2435 NW 36TH TERR.
 GAINESVILLE FL 32605
 US

2. Principal Place of Business

3720 N.W. 43 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 #105

City & State

Gainesville, FL

City & State

G.Ville FL

Zip

Country

Zip

Country

32605

US

32605

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3265762

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

SOUSAN, ANGHAE
 2435 N.W. 36TH TERR
 GAINESVILLE FL 32605

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

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, 2002 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 ☐ Delete
 NAME P
 STREET ADDRESS ANGHAE, SOUSAN
 CITY-ST-ZIP 2435 N.W. 36TH TERR
 GAINESVILLE FL 32605

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

TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS AMIR-HAMID-REZA ANGHAE
 CITY-ST-ZIP 2435 N.W. 36TH TERR.
 G.VILLE FL 32605

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SOUSAN ANGHAE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 352-371-6016

Date

Daytime Phone #

CR2E034 (9/01)