

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90092 009 \*\*\*\*70.00

**DOCUMENT # N00000000419**

1. Entity Name

**NEW AGE CENTER OCEANSUN, INC.**



Principal Place of Business

**6221 SW 27 ST.  
MIAMI FL 33155**

Mailing Address

**6221 SW 27 ST.  
MIAMI FL 33155**

2. Principal Place of Business

**6221 SW 27 ST**

Suite, Apt. #, etc.

3. Mailing Address

**6221 SW 27 ST**

Suite, Apt. #, etc.

City & State

**Miami**

City & State

**Miami**

Zip

**FL**

Country

**33155**

Zip

**FL**

Country

**33155**

4. FEI Number **65-0988715**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUTIERREZ, MARISOL R**

**6221 SW 27 ST.  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **MODESTA VelaZCO**

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

**6221 SW 27 ST**

City **Miami**

**FL**

Zip Code

**33155**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**MODESTA VelaZCO**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Jan 28/2003**

**FILE NOW, FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **OLIVEIRA, SILVIA**  
STREET ADDRESS **6221 SW 27 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VD** ☐ Delete  
NAME **GUTIERREZ, MARISOL**  
STREET ADDRESS **6221 SW 27 ST**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SD** ☐ Delete  
NAME **SUAREZ, LUIS A**  
STREET ADDRESS **6221 SW 27 ST.**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MODESTA VelaZCO (PD)** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS **6221 SW 27 ST**  
CITY-ST-ZIP **Miami FL. 33155**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Jan 28/03 305-6680268**

CR2E037 (10/02)