

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 039 ****61.25

DOCUMENT # *10200000745*

1. Entity Name

NEW ROADS GROUP INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10516 SW 74 LN

Suite, Apt. #, etc.

3. Mailing Address

10516 SW 74 LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

45-0487434

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Luis E. Dominguez

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

10516 SW 74 LN

City

MIAMI

FL

Zip Code

33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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*
NAME *DOMINGUEZ Luis E.*
STREET ADDRESS *10516 SW 74 LN, MIAMI, FL 33173*
CITY-ST-ZIP

TITLE *VD*
NAME *Ivette DOMINGUEZ*
STREET ADDRESS *10516 SW 74 LN, MIAMI, FL 33173*
CITY-ST-ZIP

TITLE *STP*
NAME *Roberto Novo*
STREET ADDRESS *10516 SW 74 LN*
CITY-ST-ZIP *MIAMI, FL 33173*

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

PD

Luis E. Dominguez