

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90031 043 ****70.00

DOCUMENT # <u>N97000006947</u>			
1. Entity Name <u>New Heights, Inc.</u>			
Principal Place of Business <u>P.O. Box 15894</u> <u>Plantation, FL 33318</u>		Mailing Address <u>658357</u>	
2. Principal Place of Business <u>P.O. Box 15894</u>		3. Mailing Address <u>P.O. Box 15894</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Plantation, FL</u>		City & State <u>Plantation, FL</u>	
Zip <u>33318</u>		Country <u>Broward</u>	
4. FEI Number <u>65-0798993</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <u>Nunes, David</u> <u>3917 N. Andrews Ave.</u> <u>Ft Lauderdale, FL 33319</u>		7. Name and Address of New Registered Agent <u>No Change</u>	
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)			
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Wong, Joan (Director)</u> ☐ Delete <u>P.O. Box 15894</u> <u>Plantation, FL 33318</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Wong, Joan (D, CEO)</u> ☐ Delete <u>P.O. Box 15894</u> <u>Plantation, FL 33318</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Nunes, David S.</u> ☐ Delete <u>3917 N. Andrews Ave. (Director)</u> <u>Ft. Lauderdale, FL 33319</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Secretary</u> ☐ Delete <u>Smith, Davrye</u> <u>17000 N.W. 18th Ave</u> <u>Mia, FL</u> <u>33056</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Treasurer</u> ☐ Delete <u>Wilson, M. Illicent</u> <u>1331 NE 172nd St. N.</u> <u>Miami Beach, FL 33162</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>DCEO</u> ☒ Delete <u>Matthew Mark J.</u> <u>970 E. Jeffery St.</u> <u>Boca Raton, FL 33487</u>		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☒ Addition <u>C.C.O.</u> <u>Alexander, Raymond</u> <u>3901 S. Ocean Dr. # 11-A</u> <u>Hollywood, FL 33019</u>	
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: <u>Joan L. Wong</u>		<u>4/23/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

CR2E037 (11/00)