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

DOCUMENT # N99000002527

1. Entity Name

NEW WORLD 42 TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address C/O ASTRO CONDU-SERVICES C/O ASTRO CONDO-SERVICES 2100 W 76TH ST STE 4G 2100 W 76TH ST STE 4G HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address C/O ASTOR MANAGEMENT C/O ASTOR MGMT SERV Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 2100 W.76 ST #413 SAME City & State City & State 4. FEI Number 74-2913629 Applied For HIALEAH, FL 33016 HIALEAH. _33016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33016 DADE 33016 DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REY, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76TH STREET **STE 413** HIALEAH FL 33016 City 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. 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition THOMAS, IAN NAME NAME STREET ADDRESS 516 NW 179 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP ΤD ☐ Delete TITLE ☐ Change ☐ Addition BONILLA, ALFONSO NAME NAME STREET ADDRESS 512 NW 179 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition REY. LEWIS A NAME NAME 2100 76ST, STE 413 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

SIGNATURE:

SIGNATUR

03-17-03

305-8180810