

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90229 035 ***150.00

DOCUMENT # P00000045653

1. Entity Name
NEW ERA PARTITION, INC.

Principal Place of Business
8600 SW 133 AVE ROAD #403
MIAMI FL 33183

Mailing Address
8600 SW 133 AVE ROAD #403
MIAMI FL 33183



2. Principal Place of Business
8835 Spring Tree Lakes Dr
Suite, Apt. #, etc.

3. Mailing Address
8835 Spring Tree Lakes Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Surprise, FL

City & State
Surprise, FL

4. FEI Number **65-1012688** **Applied For** ☐ **Not Applicable** ☐

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

Zip **33351** **Country** **U.S.A.** **Zip** **33351** **Country** **U.S.A.**

6. Name and Address of Current Registered Agent
RAMIREZ, ROBERT
8600 SW 133 AVE ROAD #403
MIAMI FL 33183

7. Name and Address of New Registered Agent
Name **Robert Ramirez**
Street Address (P.O. Box Number is Not Acceptable) **8835 Spring Tree Lakes Dr**
City & State **Surprise FL** **Zip** **33351**

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]* **DATE** **04-27-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------------|--|---|----------------------------------|--|
| TITLE | PSTD | <input checked="" type="checkbox"/> Delete | TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMIREZ, ROBERT | | NAME | Robert Ramirez | |
| STREET ADDRESS | 8600 SW 133 AVE ROAD #403 | | STREET ADDRESS | 8835 Spring Tree Lakes Dr | |
| CITY-ST-ZIP | MIAMI FL 33183 | | CITY-ST-ZIP | Surprise, FL 33351 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *[Signature]* **SIGNATURE REQUIRED** **04-27-02** **(786) 255-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)