

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
 03-16-2001 90072 050 ***150.00

DOCUMENT # P00000073783

1. Entity Name
NEW CONCEPTS DEVELOPMENT INC.

Principal Place of Business Mailing Address
1580 NORTHEAST 131ST STREET NORTH ~~**1580 NORTHEAST 131ST STREET NORTH**~~
MIAMI FL 33161 ~~**MIAMI FL 33161**~~

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2180 NW 24 AVENUE**

City & State City & State
MIAMI - FLORIDA

Zip Country Zip Country 4. FEI Number **65-1029536** Applied For
33142 **FL** Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PEREZ, ALBERTO Name -
500 BAYVIEW DRIVE #119 Street Address (P.O. Box Number is Not Acceptable)
SUNNYISLES FL 33160 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALBERTO		NAME		
STREET ADDRESS	500 BAYVIEW DRIVE #119		STREET ADDRESS		
CITY-ST-ZIP	SUNNYISLES FL 33161		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELA, ARMANDO		NAME		
STREET ADDRESS	1580 NORTHEAST 131ST STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALDO PEREZ	
STREET ADDRESS			STREET ADDRESS	300 BAYVIEW DRIVE #101	
CITY-ST-ZIP			CITY-ST-ZIP	SUNNYISLES, FL. 33161	
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
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
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: **ALBERTO PEREZ** 3/14/01 (305) 638 0035
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)