2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000074997

1. Entity Name
NEXT PRESS, INC.

FILED
Feb 27, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1610 LENOX AVE #414	1610 LENOX AVE #414
MIAMI BEACH FL	MIAMI BEACH FL
33139	33139

2. Principal Place of Business	3. Mailing Address
541 16TH STREET	541 16TH STREET
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3

DO NOT WRITE IN THIS SPACE

City & State		City & State	
MIAMI BEACH	FL	MIAMI BEACH	FL

Zip	Country	Zip	Country
33139		33139	

4. FEI Number
65-1030363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORTES JUAN MANUEL	Name CORTES JUAN MANUEL DP
1610 LENOX AVE #414	Street Address (P.O. Box Number is Not Acceptable) 541 16TH STREET
MIAMI BEACH FL 33139	#3
	City MIAMI BEACH FL Zip Code 33139

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   **CORTES, JUAN MANUEL**   **02/27/2001**

Signature, typed or printed name of registered agent and title if applicable.   (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. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
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	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	CORTES JUAN MANUEL		NAME	CORTES JUAN MANUEL	
STREET ADDRESS	1610 LENOX AVE #414		STREET ADDRESS	541 16TH STREET #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: CORTES, JUAN MANUEL   DP   02/27/2001

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