

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90251 036 ***150.00

DOCUMENT # P00000103977

1. Entity Name

NEW ERA DESIGNS, INC.

Principal Place of Business

Mailing Address

**11301 REXMERE BOULEVARD
 DAVIE FL 33325**

**11301 REXMERE BOULEVARD
 DAVIE FL 33325**

00014215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7325 NW 56 St

7325 NW 56 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami FL

miami FL

Zip

Country

Zip

Country

33166

33166

4. FEI Number

65-1051845

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

**ANTONICELLI, FEDERICO
 11301 REXMERE BOULEVARD
 DAVIE FL 33325**

Name **Cynthia Ribeiro**

Street Address (P.O. Box Number is Not Acceptable)

7325 NW 56 St

City **miami**

FL

Zip Code

33166

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

Cynthia Ribeiro

1-31-2001

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 **D** ☐ Delete
 NAME **ANTONICELLI, FEDERICO**
 STREET ADDRESS **11301 REXMERE BOULEVARD**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **Sec/Treas** ☒ Change ☐ Addition
 NAME **Cynthia Ribeiro**
 STREET ADDRESS **7325 NW 56 St**
 CITY-ST-ZIP **miami, FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Cynthia Ribeiro**
 STREET ADDRESS **7325 NW 56 St**
 CITY-ST-ZIP **miami, FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Cynthia Ribeiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2001

Date

305 888-8824

Daytime Phone #

CR2E034 (10/00)