

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108809

1. Entity Name

NEWENGLAND REALTY & INVESTMENT, INC.

NEW ENGLAND REALTY & INVESTMENT, INC.

Principal Place of Business

P O BOX 307
POMPANO BEACH FL 33061

Mailing Address

P O BOX 307
POMPANO BEACH FL 33061

2. Principal Place of Business

P.O. Box 5628

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

FLORIDA

Zip

33074

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, OTEL
5787 W SUNRISE BLVD.
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

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

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

Joseph A. Pinto
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 \$550.00

After September 12, 2001 Fee will be \$750.00

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

TITLE PST
NAME PINTO, JOSEPH
STREET ADDRESS P O BOX 307
CITY-ST-ZIP POMPANO BEACH FL 33061 ☐ Delete

TITLE VPD
NAME PINTO, JOSEPH
STREET ADDRESS P O BOX 307
CITY-ST-ZIP POMPANO BEACH FL 33061 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME PINTO, JOSEPH
STREET ADDRESS P.O. Box 5628
CITY-ST-ZIP 33074 POMPANO BCH FL ☒ Change ☐ Addition

TITLE VPD
NAME PINTO, JOSEPH
STREET ADDRESS P.O. Box 5628
CITY-ST-ZIP 33074 POMPANO BCH FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01

Date

954-422-8532

Daytime Phone #

0116576 AT

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE