

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 1

FILED
04 JAN 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114308

1. Entity Name
NEW AMERICA REAL ESTATE INC.



Principal Place of Business
11240 N. KENDALL DRIVE
MIAMI, FL 33176

Mailing Address
11240 N. KENDALL DRIVE
MIAMI, FL 33176



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1061062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMIRALI, ARIF
11240 N. KENDALL DR. #201
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMIRALI, ARIF
STREET ADDRESS	11240 N. KENDAL DR. #201
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600026970966
01/14/04--01067--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

7c



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Business Entity Name

NEW AMERICA REAL ESTATE INC.

FEI Number

651061062

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

11240 N. KENDALL DRIVE

Suite, Apt. #, etc.

201

City, State

MIAMI

FL

Zip Code & Country

33176

Mailing Address

Address

11240 N. KENDALL DRIVE

Suite, Apt. #, etc.

201

City, State

MIAMI

FL

Zip Code & Country

33176

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

AMIRALI

ARIF

-or- RA Business Name

Address

11240 N. KENDALL DR. #201

Suite, Apt. #, etc.

201

City, State

MIAMI

FL

Zip Code & Country

33176

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature ARIF AMIRALI



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Business Entity Name

NEW AMERICA REAL ESTATE INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	AMIRALI ARIF
-or- Entity Name	
Street Address	11240 N. KENDAL DR. #201
City, State	MIAMI, FL
Zip Code & Country	33176

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature ARIF AMIRALI

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