

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90352 034 ***150.00

DOCUMENT # P01000046783

1. Entity Name
NEWPORT CONSULTANTS, INC.

Principal Place of Business
**2713 WEST NORTH "B" STREET
TAMPA FL 33609**

Mailing Address
**2713 WEST NORTH "B" STREET
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3721166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

SIGNATURE

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SERRA, NELSON O
2713 WEST NORTH "B" STREET
TAMPA FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 reports 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
NELSON D. SERRA, PRES.

07/06/02 727-536-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

NEWPORT CONSULTANTS INC.

2713 West North "B" Street Tampa Florida 33609

*Attachment +
Doc H*

PB100004678

120568

Florida Department of State
Division of Corporation
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: NEWPORT CONSULTANTS INC, FIN # 593721166.

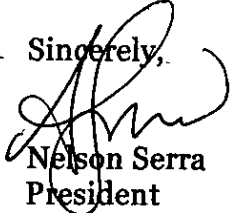
To Whom It May Concern:

I am writing this letter as notification that I was not in receipt of the first mailing of the Uniform Business Report in the beginning of this year. I had just received the mailing for the September deadline last week. Being that Newport Consultants, Inc. was incorporated in May of last year, I have not yet been through this process.

In speaking with one of your representatives, I was advised to write this letter to request that the reinstatement fee be waived and to include a check for the original \$150 fee.

I apologize for any inconvenience and thank you for honoring my request.

Sincerely,


Nelson Serra
President