

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 014 ***550.00

DOCUMENT # P02000021574

1. Entity Name
NEW WORLD LIFE SCIENCES, INC.



Principal Place of Business
**200 S. BISCAYNE BLVD., STE. 2410
MIAMI FL 33131**

Mailing Address
**200 S. BISCAYNE BLVD., STE. 2410
MIAMI FL 33131**

2. Principal Place of Business
**2655 Le Jeune Road
Suite, Apt. #, etc.
501**

3. Mailing Address
**2655 Le Jeune Road
Suite, Apt. #, etc.
501**

City & State
Coral Gables, FL

City & State
Coral Gables FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
33-1074806

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHULTE, JOHN H
200 S. BISCAYNE BLVD., STE. 2410
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Jaime A. Figarola**
Street Address (P.O. Box Number is Not Acceptable)
**2655 S. Le Jeune Road
Suite 501**
City **Coral Gables, FL** Zip Code **33134**

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | PRESIDENT - DIRECTOR | <input type="checkbox"/> Delete |
| NAME | JAIME A. FIGAROLA | |
| STREET ADDRESS | 2655 S. Le Jeune Rd Suite 501 | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | SECRETARY - DIRECTOR | <input type="checkbox"/> Delete |
| NAME | MICHAEL HOOB | |
| STREET ADDRESS | 2655 S. Le Jeune Rd Suite 501 | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | DIRECTOR - V.P. | <input type="checkbox"/> Delete |
| NAME | JOHN A. WILLIAMS | |
| STREET ADDRESS | 2655 S. Le Jeune Rd Suite 501 | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03

305 779 4962

Date

Daytime Phone #

CR2E034 (4/03)