

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000047243			
1. Entity Name NEWORLD GROUP, INC.			
Principal Place of Business 1500 OCEAN DRIVE SUITE 706 MIAMI BEACH, FL 33139		Mailing Address POST OFFICE BOX 190588 MIAMI BEACH, FL 33119	
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 0101674341			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1640 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			
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 _____ (NOTE: Registered Agent's signature required when re-electing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☒ Delete	PSTD PIETRO, PERCI	1500 OCEAN DRIVE SUITE 706	MIAMI BEACH, FL 33139
☒ Delete	CEOD MOSEZAR, GILBERT	1500 OCEAN DRIVE SUITE 706	MIAMI BEACH, FL 33139
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Change ☒ Addition	CEOTCFOD MOSEZAR, GILBERT	1500 OCEAN DRIVE SUITE 706	MIAMI BEACH, FL 33139
☐ Change ☒ Addition	P/COOD GOKOOL, CHARLES	1500 OCEAN DRIVE SUITE 706	MIAMI BEACH, FL 33139
☐ Change ☒ Addition	V/S/T/D PIETRO, PERCI	1500 OCEAN DRIVE SUITE 706	MIAMI BEACH, FL 33139
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
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 PERCI PIETRO VD/S/K/D 04/01/03 305-984-4700			