

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90201 019 ***150.00

DOCUMENT # P02000059454 1. Entity Name NEW WORLD INVESTMENTS REALTY, INC.			
Principal Place of Business 13950 LANDSTAR BLVD. ORLANDO FL 32824		Mailing Address 7802 KINGSPONTE PARKWAY SUITE #205 ORLANDO FL 32819	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7802 Kingsponte Phwy. Suite # 205-B	
City & State Orlando, FL		4. FEI Number 03-0449835	
Zip 32819		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEROTTI, CAROLINA 7802 KINGSPONTE PARKWAY SUITE #205 ORLANDO FL 32819		7. Name and Address of New Registered Agent Name I.A.O. SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 7802 Kingsponte Phwy Suite # 205-B City Orlando FL Zip Code 32819	
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 DATE 4/15/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRNES, PERLA 176 CORAL REEF CIR. KISSIMMEE FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FERNANDO TATA 1223 LAKE BISCAYNE WAY ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATA, DELFINA A 1223 LAKE BISCAYNE WAY ORLANDO FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, AMILCAR H 145 ANZIO DRIVE KISSIMMEE FL 34758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:		Date 4/15/2003 Daytime Phone #	

CP2E034 (10/02)