

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

DOCUMENT # P02000060815.

1. Entity Name

New Look Enterprises Serv. Inc.



FILED

03 JUL 31 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17543 NW 91 ave.

3. Mailing Address

Same As Above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hiialeah FL

City & State

4. FEI Number

033-1005682

Applied For

Not Applicable

Zip

Country

33018

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos Garcia

Street Address (P.O. Box Number is Not Acceptable)

17543 NW 91 avenue

City

Hiialeah

FL

Zip Code

33018

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

Carlos Garcia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/03.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D Carlos Garcia
17543 NW 91 avenue
Hiialeah, FL 33018.

TITLE
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07/31/03--01038--005 **150.00

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**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/03.

Daytime Phone #

7/31

Florida Department of State
Division of Corporation
P.O Box 6327
Tallahassee, Fl 32314

Ref: **NEW LOOK ENTERPRISE SERV. INC**
17543 NW 91 Avenue
Hialeah, Florida 33018

Document # **P 02000060815**

To whom it may concern:

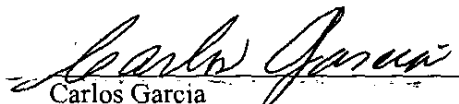
By this mean I would like to inform you that we never received the annual uniform report of this corporation as a result we have not sent any payment I check on the state and I find that my address is wrong .

I am sending the annual report corresponding to 2002 and a check in the amount of **\$ 150.0**

If you have any questions please contact me at **305-828-9711**

Thank you in advance.

Sincerely,


Carlos Garcia
17543 NW 91 Avenue
Hialeah, Fl 33018