

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90122 046 \*\*\*150.00

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**DOCUMENT # P02000113552**

1. Entity Name  
**NEW WORLD MASONRY, INC.**



Principal Place of Business  
**7611 S ORANGE BLOSSOM TRIAL  
ORLANDO FL 32809**

Mailing Address  
**7611 S ORANGE BLOSSOM TRIAL  
ORLANDO FL 32809**



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

**02-0648470**

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

**SPIEGEL & UTRERA, P.A.  
1840 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_  
NAME **DPST**  
STREET ADDRESS **HEWIT, JOHN L JR**  
CITY-ST-ZIP **7611 S ORANGE BLOSSOM TRIAL  
ORLANDO FL 32809**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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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: \_\_\_\_\_

**John L Hewitt Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-25-03**

**407-385-5670**

CR2E034 (10/02)

Attachment#

## NEW WORLD MASONRY, INC.

7611 South Orange Blossom Trail #349

Orlando, FL 32809

Phone(407)383-5670

80136905  
PO2000113552

August 4, 2003

Re: Request for late fee waiver

Attn: Florida Department of Corporations

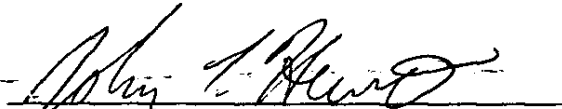
This letter is to notify this department that New World Masonry did not receive the first Uniform Business Report.

Please accept this letter as a formal request to waive the late fee.

I am enclosing the standard \$150.00 filing fee.

If you have any questions or need additional information to process this request please contact me at (407)-383-5670.

Thank you for your time and consideration.

  
John Hewitt Jr. / President

8-4-03  
Date