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May 05, 2005 8:00 am
Secretary of State

05-05-2005 90106 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000152658

1. Entity Name

NEW ERA MONECO, INC.

[redacted]

50049227

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3420 TAMPA ROAD	3420 TAMPA ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FL	City & State: PALM HARBOR, FL
Zip: 34684 Country:	Zip: 34684 Country:

4. FEI Number: 35-2242807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

[redacted]

7. Name and Address of Current Registered Agent

Name: YASMIN ESMAIL

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

16378 NORTHDALE OAKS

City: TAMPA FL Zip Code: 33624

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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P,V,S,T,D
NAME	YASMIN ESMAIL
STREET ADDRESS	16378 NORTHDALE OAKS
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[redacted]

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: YE Esmail 4-30-05 813-9630699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #