

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000013471**

1. Entity Name

NEW CONCEPT PROPERTIES OF AMERICA, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90041 039 ***150.00

Principal Place of Business

**8340 NW 58TH ST.
MIAMI FL 33166**

Mailing Address

**8340 NW 58TH ST.
MIAMI FL 33166**

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 **65-0376911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, EDGAR E
KEITH, MACK, LEWIS, COHEN & LUMPKIN
200 S BICAYNE BLVD, S2000
MIAMI FL 33131**Name
Edgar LewisStreet Address (P.O. Box Number is Not Acceptable)
Suite 3400**2 S. Biscayne Blvd.**City
Miami,**FL**Zip Code
33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PRINZ, ADALBERTO**
STREET ADDRESS **4480 NW 93 DORAL CT**
CITY-ST-ZIP **MIAMI FL 33178**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **LACHAISE, CHRISTIAN**
STREET ADDRESS **5108 NW 106TH AVE**
CITY-ST-ZIP **MIAMI FL 33178**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4686 NW 167 Ave Apt 1312**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)