

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019413

Entity Name

NEW ERA INVESTMENTS CORP.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90089 034 ***150.00

Principal Place of Business	Mailing Address
SW 27TH AVE FL FL 33135	1250 SW 27TH AVE. 5TH FL MIAMI FL 33135-4741 US

Principal Place of Business	3. Mailing Address
8110 SW 34th ST	8110 SW 34th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MIAMI FLORIDA	MIAMI FLORIDA
Zip	Zip
33155	33155
Country	Country
USA	USA

4. FEI Number	65-0396197	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MORGAN, CHARLES O JR. 1300 NW 167 ST MIAMI FL 33169

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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
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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, 2000 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	PCD VALDES, FRANCISCO T 1250 SW 27TH AVE 5TH FL MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	VTS WOOD, LOURDES VALDES 1250 SW 27TH AVE, 5TH FL MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: *Francisco T. Valdes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00 305-269-3466

CR2E034 (9/99)