

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021157 (0)

1. Entity Name

NEW CENTURY INDUSTRIAL COMPANY

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90010 042 ***158.75

00058316

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8913 Regents Park Drive
Suite 630
Tampa, FL 33647

P.O. Box 46549
Tampa, FL 33647-0105

2. Principal Place of Business

3. Mailing Address

8913 Regents Park Drive P.O. Box 46549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 630

City & State

City & State

Tampa, FL

Tampa, FL

Zip
33647

Country
U.S.

Zip
33647-0105

Country
U.S.

4. FEI Number

59-3234454

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

Gandhi, Hasmukh
P.O. Box 46549
Tampa, FL 33647-0105

Name

Mr. Hasmukh Gandhi

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

8913 Regents Park Drive, Suite #630

City

Tampa

FL

Zip Code

33647

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gandhi, Hasmukh
8913 Regents Park Drive, #630
Tampa, FL 33647

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Handwritten signature: H. Gandhi

5-8-00

813-994-7788

CR2E034 (9/99)