

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90034 003 \*\*\*150.00

**DOCUMENT # P94000080596**

1. Entity Name

**NEW STYLE 2000, INC.**

Principal Place of Business

7525 E TREASURE DR.  
 3-E  
 NORTH BAY VILLAGE FL 33141  
 US

Mailing Address

7525 E TRASURE DR.  
 3-E  
 NORTH BAY VILLAGE FL 33141-4373  
 US

2. Principal Place of Business

**7525 E. TREASURE**

Suite, Apt. #, etc.  
**3-E**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.  
**SAME**

City & State

**NORTH BAY VILLAGE**

City & State

**SAME**

4. FEI Number

**65-0532858**

Applied For

Not Applicable

Zip

**33141**

Country

**USA**

Zip

**SAME**

Country

**SAME**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, GEORGE L**  
**807 S.W. 25 AVE.**  
**SUITE 205**  
**MIAMI FL 33135**

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.

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

TITLE  Delete  
 NAME **DPVS IGLESIAS, MAXMILIANO J**  
 STREET ADDRESS **7525 E. TREASUR DR 3-E**  
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE  Delete  
 NAME **T IGLESIAS, MAXMILIANO J**  
 STREET ADDRESS **7525 E TREASURE DR 3-E**  
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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

1-10-2000 (305) 868 6716  
 Date Daytime Phone #

CR2E034 (1/00)