

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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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)