

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080596

1. Entity Name

NEW STYLE 2000, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90007 007 ***150.00

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
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

4. FEI Number 65-0532858

Applied For

Not Applicable

Zip

Country

Zip

Country

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 reinstalling)

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

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

TITLE
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IGLESIAS, MAXMILIANO J
7525 E TREASURE DR 3-E
NORTH BAY VILLAGE FL 33141 ☐ Delete

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☐ Change ☐ Addition

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

01-4-01

Date

(305) 8686766

Daytime Phone #

CR2E034 (10/00)

0174102