

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038441

1. Entity Name

NEWELL FINANCIAL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90069 041 ***150.00

Principal Place of Business

2500 N.E. 48TH LANE
APARTMENT 305
FORT LAUDERDALE FL 33308

Mailing Address

2500 N.E. 48TH LANE
APARTMENT 305
FORT LAUDERDALE FL 33308-4726

2. Principal Place of Business

2500 NE 48TH LANE

3. Mailing Address

2500 NE 48TH LANE

Suite, Apt. #, etc.

APT 605

Suite, Apt. #, etc.

APT 605

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0590734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, WILLIAM T
2500 N.E. 48TH LANE
APARTMENT 305
FORT LAUDERDALE FL 33308

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 P
STREET ADDRESS NEWELL, WILLIAM T
CITY-ST-ZIP 2500 N.E. 48TH LANE #305
FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
NAME
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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:

William T. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM T. NEWELL PRES. 4/11/00 954/772-1778