2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091457 Mar 08, 2000 8:00 am Secretary of State 1. Entity Name NEW WORLD CONSULTING CORP. 03-08-2000 90077 023 ***150.00 Principal Place of Business Mailing Address 21668 REFLECTION LANE 21668 REFLECTION LANE **BOCA RATON FL 33428** BOCA RATON FL 33428-2513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0626129 Not Applicable Zip -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAWSON, JOSEPH S Street Address (P.O. Box Number is Not Acceptable) 21668 REFLECTION LANE **BOCA RATON FL 33428** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE ☐ Change ☐ Addition ☐ Delete TITLE DAWSON, JOSEPH S NAME NAME STREET ADDRESS STREET ADDRESS 21668 REFLECTION LANE CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** ☐ Change ☐ Addition ☐ Delete TITI F DAWSON, VALERIE V NAME STREET ADDRESS 21668 REFLECTION LANE STREET ADDRESS .CITY-ST-ZIP CITY-ST-ZIP BOCA: RATON FL 33428 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR