

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010363

1. Entity Name

NEWMAR OF AMERICA, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 044 ***550.00

Principal Place of Business

18439 NORTHWEST 12 STREET
PEMBROKE PINES FL 33029

Mailing Address

18439 NORTHWEST 12 STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

20170 PINES BLVD

Suite, Apt. #, etc.

Suite 201

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

3. Mailing Address

20170 PINES BLVD

Suite, Apt. #, etc.

Suite 201

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0639710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKEELTON, R J
12164 SW 51ST CT
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

SKEELTON, RAYMOND J.

Street Address (P.O. Box Number is Not Acceptable)

7320 GRIFFIN RD

Suite 212

City

DAVIE

FL

Zip Code

33314

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VTD	<input type="checkbox"/> Delete
NAME	MARSH, RICHARD O.C.	
STREET ADDRESS	18439 NORTHWEST 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	MARSH, MICHELLE A	
STREET ADDRESS	18439 NORTHWEST 12 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard Marsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2000
Date

954 441 0410
Daytime Phone #

CR2E034 (5/00)