

**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

3. Mailing Address

20170 PINES BLVD  
 Suite, Apt. #, etc.  
 Suite 201



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0639710

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Delete
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		
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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 7/6/2000 954 441 0410  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)