2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000025941** May 02, 2000 8:00 am Secretary of State NEW WORLD INTERNATIONAL TRAVEL AGENCY CAFE, INC. 05-02-2000 90157 026 ***150.00 Principal Place of Business Mailing Address 152 MILLER DRIVE 580 COWAN ROAD **COVINGTON GA 30016-7549** WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address 152 Miller Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0675422 Not Applicable Winter Haven, FL Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33884 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOEW, ADELHEID Street Address (P.O. Box Number is Not Acceptable) 152 MILLER DRIVE WINTER HAVEN FL 33884 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition Addition **DPT** ☐ Delete TITLE TITLE LOEW, GUNDOLF NAME NAME STREET ADDRESS STREET ADDRESS 152 MILLER DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 🗔 Addition ☐ Change TITLE Delete TITLE Klingman Sandra RODRIGUEZ, PEDRO NAME STREET ADDRESS 2314 Martha Drive STREET ADDRESS 114 BELMONT DRIVE CITY-ST-ZIP Winter Haven, Florida 33881 CITY-ST-ZIP WINTER HAVEN FL 33884 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 impowers to execute this effort 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 of the empowered.

SIGNATURE:

17pril 21, 2000

72-381-5469

Daytime Phone #