

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030268

1. Entity Name

NEWPORT BUILDERS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90021 001 ***150.00

Principal Place of Business

Mailing Address

211 E PROSPECT RD
SUITE 2321
OAKLAND PARK FL 33334
US

211 E PROSPECT RD
OAKLAND PARK FL 33334-1441
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0656265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAHM, ERIC L
520 CYPRESS CIRCLE
TEQUESTA FL 33469

Name
MICHAEL J. FRAHM
Street Address (P.O. Box Number is Not Acceptable)
1340 NW 46 STREET
FORT LAUDERDALE FL
City FL Zip Code 33309

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  MICHAEL J. FRAHM

1-27-2000

(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

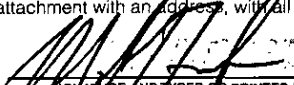
11. OFFICERS AND DIRECTORS

12. ADDITIONAL CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	FRAHM, ERIC L	
STREET ADDRESS	520 CYPRESS CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FRAHM, MICHAEL J	
STREET ADDRESS	1340 NW 46TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	STOWELL, JOSEPH	
STREET ADDRESS	369 E DAYTON CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
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	J. PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERAFINA FRAHM	
STREET ADDRESS	1340 NW 46 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. FRAHM	
STREET ADDRESS	1340 NW 46 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
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:  MICHAEL J. FRAHM

1-27-2000

954-491-2263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)