

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066979

1. Entity Name

NEW HORIZONS HOLDINGS, INC.

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

05-02-2000 90004 043 ***158.75

Principal Place of Business

Mailing Address

331 S.W. 20TH ROAD
 MIAMI FL 33129

331 S.W. 20TH ROAD
 MIAMI FL 33165-6439

2. Principal Place of Business

3. Mailing Address

9531 SW 49 ST

9531 SW 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0687686

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

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

MARTINEZ, CARLOS M
 331 S.W. 20TH ROAD
 MIAMI FL 33129

Name

CARLOS M. MARTINEZ

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

9531 SW 49 ST

City

MIAMI

FL

Zip Code

33165

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

Carlos M. Martinez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS M	
STREET ADDRESS	331 S.W. 20 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARTINEZ, BEATRIZ	
STREET ADDRESS	331 S.W. 20TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	MARTINEZ, HIRAM	
STREET ADDRESS	331 S.W. 20 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS M. MARTINEZ	
STREET ADDRESS	9531 SW 49 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRIZ MARTINEZ	
STREET ADDRESS	9531 SW 49 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRAM MARTINEZ	
STREET ADDRESS	9531 SW 49 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
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:

Carlos M. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

305-274-1242

Daytime Phone #

CR2E034 (9/99)