

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000024080

1. Entity Name

NEW DAWN SOUTH, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90076 037 \*\*\*150.00

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131-2619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0753611

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

Name

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

City

FL

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.

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 \$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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS KAPLAN, EDUARDO  
CITY-ST-ZIP 3006 AVIATION AVE 2-A  
MIAMI FL 33133TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS AVILA, EDUARDO  
CITY-ST-ZIP 3006 AVIATION AVE 2-A  
MIAMI FL 33133TITLE ☒ Delete  
NAME S  
STREET ADDRESS FREEMAN, STEPHEN A  
CITY-ST-ZIP 520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI FL 33131TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME JACK KAPLAN  
STREET ADDRESS 3006 AVIATION AVE 2-A  
CITY-ST-ZIP MIAMI FL 33133TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Shirley Kaplan  
CITY-ST-ZIP 3006 AVIATION AVE Suite 2A  
COCONUT GROVE, Florida 33133TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACK KAPLAN PRES.

3-23-00

305-857-0400

CR2E034 (9/99)