

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024080

1. Entity Name

NEW DAWN SOUTH, INC.

Principal Place of Business

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

2. Principal Place of Business

3006 AVIATION AVENUE

Suite, Apt. #, etc.

SUITE 2-A

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Address

3006 AVIATION AVENUE

Suite, Apt. #, etc.

SUITE 2A

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JACK KAPLAN

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

3006 AVIATION AVENUE SUITE 2-A

City MIAMI

FL

Zip Code 33133

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

Jack Kaplan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-01

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, 2001 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 P  
NAME KAPLAN, JACK  
STREET ADDRESS 3006 AVIATION AVE 2-A  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE VPS  
NAME AVILA, EDUARDO  
STREET ADDRESS 3006 AVIATION AVE 2-A  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE S  
NAME KAPLAN, SHIRLEY  
STREET ADDRESS 3006 AVIATION AVE STE 2A  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Jack Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-01

Date

305-857-0401

Daytime Phone #

CR2E034 (10/00)