

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0270783 AV

DOCUMENT # P97000093360

1. Entity Name
NEW AMERICAN BUSINESS, INC.

04-07-2002 90570 031 ***150.00

Principal Place of Business Mailing Address
~~10544 N.W. 26TH STREET, UNIT E-202~~ ~~10544 N.W. 26TH STREET, UNIT E-202~~
~~MIAMI FL 33172~~ ~~MIAMI FL 33172~~
~~US~~ ~~US~~



2. Principal Place of Business 3. Mailing Address
12555 ORANGE DRIVE **12555 ORANGE DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
252 **252**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
DAVIE - FLORIDA **DAVIE - FLORIDA** **65-0800933** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33330 USA -33330 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
~~GENOUD, MARTIN~~ Name **GENOUD, MARTIN**
~~16380 SOUTH POST ROAD, #301~~ Street Address (P.O. Box Number is Not Acceptable) **16660 SOUTH POST ROAD #103**
~~WESTON, FL 33331~~ **WESTON**
 City **WESTON** FL Zip Code **33331**

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 DATE **2/19/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GENOUD, MARTIN 16380 SOUTH POST ROAD, APT. 301 WESTON FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENOUD, MARTIN 16660 SOUTH POST ROAD #103 WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENOUD, ANDREA G 16380 SOUTH POST ROAD, APT. 301 WESTON FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENOUD, ANDREA G 16660 SOUTH POST ROAD #103 WESTON, FL 33331 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **2/19/02** Daytime Phone # **(954) 862-1704**
MARTIN GENOUD **305 629-9198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)