

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90974 042 ***150.00

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AV

DOCUMENT # P97000108820

1. Entity Name
NEWMAN GROUP OF TAMPA, INC.



Principal Place of Business
625 E. TWIGGS STREET
STE 100
TAMPA FL 33602

Mailing Address
625 E. TWIGGS STREET
STE 100
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3507130**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, DAVID B
325 E. TWIGGS STREET
STE 100
TAMPA FL 33602

Name **David B. Weinstein**
Street Address (P.O. Box Number is Not Acceptable)
625 E. Twigg's St., Ste 100
City **Tampa** **FL** Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **MAX MITCHELL NEWMAN**
STREET ADDRESS **325 E. TWIGGS STREET, STE 100**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
NAME **DAVID B. WEINSTEIN**
STREET ADDRESS **625 E. TWIGGS ST., STE 100**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TS** ☐ Delete
NAME **DAVID WEINSTEIN**
STREET ADDRESS **625 E. TWIGGS STREET, STE 100**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME **WILLIAM SANTORE**
STREET ADDRESS **2 UNIVERSITY DR STE 328**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **P** ☐ Delete
NAME **SANTORE, WILLIAM**
STREET ADDRESS **2 UNIVERSITY DR STE 328**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME **RICARDO A ROIG**
STREET ADDRESS **1 TAMPA CTY CTY 201 N. FRANKLIN ST. #2600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **S** ☐ Delete
NAME **ROIG, RICARDO A**
STREET ADDRESS **1 TAMPA CTY CTY 201 N. FRANKLIN ST. #2600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME **WILLIAM SANTORE**
STREET ADDRESS **2 UNIVERSITY DR STE 328**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME **WILLIAM SANTORE**
STREET ADDRESS **2 UNIVERSITY DR STE 328**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME **RICARDO A ROIG**
STREET ADDRESS **1 TAMPA CTY CTY 201 N. FRANKLIN ST. #2600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME **RICARDO A ROIG**
STREET ADDRESS **1 TAMPA CTY CTY 201 N. FRANKLIN ST. #2600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition
NAME **WILLIAM SANTORE**
STREET ADDRESS **2 UNIVERSITY DR STE 328**
CITY-ST-ZIP **PLANTATION FL 33324**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF DAVID B. WEINSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)