2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000035133** Aug 23, 2000 8:00 am Secretary of State f. Entity Name NEWDAWN INTEGRATED TECHNOLOGIES, INC. 08-23-2000 90031 023 ***558.75 Principal Place of Business Mailing Address 1975 F_SUNRISE 1975 E: SUNRISE SUITE 598 SHITE 538 FORT_LAUDERBALE-FL-32304 FORT-LAUDERDALE-FL 1UGP1UUA 2. Principal Place of Business 3. Mailing Address 12273 61st Lane North 12273 61st Lane North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0824333 Not Applicable Royal Palm Beach FL oval <u>Palm Beach</u> \$8.75 Additional X 5. Certificate of Status Desired 33412 Fee Required 33412 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent م نے یہ د ۔۔۔ Ava P Andrews BLISSETT, HYACINTH Street Address (P.O. Box Number is Not Acceptable) 12273 61st Lane North 200 SW 2ND STREET DANIA FL 93304 Zip Code 33412 Royal Palm Beach pent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE SIMMONDS, RANDOLPH NAME NAME STREET ADDRESS 12273 61ST LANE NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY+ST-ZIP **VPS** Change Addition TITLE Delete TITLE ROBINSON, WILLIAM NAME NAME ROBINSON, WILLIAM STREET ADDRESS STREET ADDRESS 133 Tortoise Cove 33 Tortoise Cove CITY-ST-ZIP CITY-ST-ZIP Royal Palm Beach FL 33411 Roval Palm Beach FL ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 tree 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.