

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p98000053102**

1. Entity Name

New Beginnings Transfer, Inc.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90143 010 ***150.00

Principal Place of Business

P.O. BOX 1112 WESTON Rd

Mailing Address

same

Unit 141

ft. Lauderdale, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2350 NW 27th Ave

Suite, Apt. #, etc.

PO BOX 2945

City & State

Ocala FL

City & State

Ocala FL

Zip

34475

Country

Zip

34478

Country

4. FEI Number

65-0842798

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

Joann Zalak

1372 Veracruz Lane

Weston, FL 33326

Name

Joann Zalak

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

2350 NW 27th Avenue

City

Ocala

FL

Zip Code

34475

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **Joann Zalak**
STREET ADDRESS **1372 Veracruz Lane**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **PST** ☒ Change ☐ Addition
NAME **Joann Zalak**
STREET ADDRESS **P.O. BOX 2945**
CITY-ST-ZIP **Ocala, FL 34478**

TITLE **VP** ☐ Delete
NAME **Carl Zalak**
STREET ADDRESS **1372 Veracruz Lane**
CITY-ST-ZIP **Weston, FL 33327**

TITLE **VP** ☒ Change ☐ Addition
NAME **Carl Zalak**
STREET ADDRESS **P.O. BOX 2945**
CITY-ST-ZIP **Ocala, FL 34478**

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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 #

CR2E034 (9/99)