

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073450

1. Entity Name
NEWPORT INTERNATIONAL TRADING COMPANY

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90057 027 ***550.00

Principal Place of Business
37 NORTH ORANGE AVENUE #800
ORLANDO FL 32801

Mailing Address
37 NORTH ORANGE AVENUE #800
ORLANDO FL 32801

AU077437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3558091

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DULIN, RAMSEY W ESQ.
~~201 SOUTH ORANGE AVENUE~~
~~SUITE 1090~~
~~ORLANDO FL 32801~~

Name
Street Address (P.O. Box Number is Not Acceptable)
201 E. PINE STREET
SUITE 425
City ORLANDO FL Zip Code 32801

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D VP
NAME KLEIN, JEFFREY L
STREET ADDRESS 37 NORTH ORANGE AVENUE #800
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE D P
NAME KLEIN, KAREN V
STREET ADDRESS 37 N ORANGE AVE STE 800
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY L. KLEIN, PRESIDENT

B-2.00 407.872.3617
Date Daytime Phone #

CR2E034 (5/00)