

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90383 036 \*\*\*150.00

0108432

**DOCUMENT # P98000074945**

1. Entity Name

**NEW AGE VARIETY, INC.**

Principal Place of Business

**7430 RAMONA ST  
 MIRAMAR FL 33023-2532**

Mailing Address

**7430 RAMONA ST  
 MIRAMAR FL 33023-2532**

**734564**

2. Principal Place of Business

**14135 NW 7th Avenue**

Suite, Apt. #, etc.

**North Miami**

City & State

**miami**

3. Mailing Address

**7430 Ramona street**

Suite, Apt. #, etc.

City & State

**miramar**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0862655**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ONUOHA, EMMANUEL**

**7430 RAMONA ST**

**MIRAMAR FL 33023-2532**

7. Name and Address of New Registered Agent

Name

**ONUOHA, AUGUSTINA**

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

**7430 Ramona street**

City

**miramar**

**FL**

Zip Code

**33023**

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

**AUGUSTINA ONUOHA**

**3/26/01**

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, 2001 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

TITLE **P** ☐ Delete  
 NAME **ONUOHA, EMMANUEL**  
 STREET ADDRESS **7430 RAMONA STREET**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **V** ☐ Delete  
 NAME **ONUOHA, AUGUSTINA**  
 STREET ADDRESS **7430 RAMONA STREET**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**AUGUSTINA ONUOHA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/26/01**

Daytime Phone #

**(305) 685 6966**

CR2E034 (10/00)