

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90336 005 \*\*\*150.00

**DOCUMENT # P98000074945**

1. Entity Name  
**NEW AGE VARIETY, INC.**



Principal Place of Business  
**13995 NW 7TH AVE  
MIAMI FL 33168**

Mailing Address  
**7430 RAMONA ST  
MIRAMAR FL 33023**

**90011196**



2. Principal Place of Business  
**13995 NW 7th Ave MIAMI -**  
Suite, Apt. #, etc.

3. Mailing Address  
**7430 RAMONA STR**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIRAMAR FL**

4. FEI Number **65-0862655**

☒ Applied For  
☐ Not Applicable

Zip **33168** Country **USA**

Zip **33023** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**ONOUHA, AUGUSTINA  
7430 RAMONA ST  
MIRAMAR FL 33023-2532**

**7. Name and Address of New Registered Agent**

Name **AUGUSTINA ONOUHA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7430 RAMONA STREET MIRAMAR**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **AUGUSTINA ONOUHA**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/23/03**  
DATE

**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**

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

TITLE **V** ☐ Delete  
NAME **ONOUHA, 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

**11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/03**

Date

Daytime Phone #

CR2E034 (10/02)