

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078051

1. Entity Name
NEW PH INTERNATIONAL, INC.

Principal Place of Business

3100 NW 72 AVE
STE 108
MIAMI FL 33122

Mailing Address

3100 NW 72 AVE
STE 108
MIAMI FL 33122

2. Principal Place of Business

8322 NW 68 St.
Suite, Apt. #, etc.

3. Mailing Address

8322 NW 68 St.
Suite, Apt. #, etc.

City & State

Miami

Zip

FI

Country

33166

City & State

Miami

Zip

FI

Country

33166

4. FEI Number

65-0860757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS
3100 NW 72 AVE
STE 108
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Gonzalez, Luis

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

8322 NW 68 St.

City

Miami

FL

Zip Code

33166

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, LUIS 3100 NW 72 AVE STE 108 MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 8322 NW 68 St. MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Gonzalez
MOS: OPAT

1/11/01 (305) 477-3718
Date Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90499 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)