2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000078051

DOCUMENT # 1. Entity Name

NEW PH INTERNATIONAL INC.

THE VITTI WILLIAM TO THE LINES.		
Principal Place of Business 8322 NW 68 ST	Mailing Address 8322 NW 68 ST	
MIAMI FL 33166	MIAMI FL 33166	77

04-25-2003 90316 004 ***150.00



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Principal Place of Business 8322 NW 68 ST MIAMI FL 33166				Mailing . 8322 NV MIAMI F	Address / 68 ST	67										
2. Principal Place of Business			•	3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State				City & State			4.	4. FEI Number 65-0860757 Applied Fo						oplied For ot Applicable	7	
Zip	p Country			Zip		Coun	try	5. Certificate of Status Desired						.75 Add	ditional	1
	6. Name	and Add	ress of Current Re	egistered	Agent			7.	Name and	Address	of New F	Registe	red Age	nt		٦
CONTALE		•	,				7. Name and Address of New Registered Agent Name								1	
GONZALE 8322 NW							Street A	Street Address (P.O. Box Number is Not Acceptable)]
MIAMI FL	33166								"							
							City						FL	Zip Cod	e	
	e named entity tions of registe		this statement for tont.	the purpos	e of changing its	registere	ed office or	registered ac	gent, or both	, in the St	ate of Fl	orida.	am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed na	me of registered agent and	d title if applica	ble. (NOTI	E; Registere	d Agent signatu	re required when r	reinstating)		···	ō	ATE			
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. Апе	•	3 Fee W	S \$150.00 rill be \$550.00 Department of S	State						ction Cam st Fund Co					0 May Be to Fees	
10.			OFFICERS AND DI	IRECTORS		11.			J DDITIONS/0	CHANGES	S TO OFF	FICERS	AND DI	RECTOR	S IN 11	-
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12. I hereby certify that the information supplied with this filling 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 of 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR