

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007117

1. Entity Name

NEW CONTINENT SUPPLIERS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90936 048 ***150.00

Principal Place of Business

10822 S.W. 72ND ST., UNIT 92
MIAMI FL 33173

Mailing Address

10822 S.W. 72ND ST., UNIT 92
MIAMI FL 33173-2712

2. Principal Place of Business

9143 SW 70 TERRACE

3. Mailing Address

9143 SW 70 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

M

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0882525

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

ROSAS, GUSTAVO M
10822 S.W. 72ND ST., UNIT 92
MIAMI FL 33173

Name ROSAS, GUSTAVO M

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

9143 SW 70 TERRACE

MIAMI, FL 331

City MIAMI

FL

Zip Code 33173

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

Gustavo Rosas

GUSTAVO M. ROSAS

4-27-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ROSAS, GUSTAVO M
STREET ADDRESS 10822 S.W. 72ND ST., UNIT 92
CITY-ST-ZIP MIAMI FL 33173

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 9143 SW 70 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE D ☒ Delete
NAME RODRIGUEZ, EDSON O
STREET ADDRESS 7786 GRANADA BLVD.
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Gustavo Rosas

GUSTAVO M. ROSAS

4-27-2000

(305) 271-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)