

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027230

1. Entity Name

NEW AGE CITIES.COM, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90288 025 ***150.00

Principal Place of Business

4183 SHELL ROAD
 SARASOTA FL 34242

Mailing Address

4183 SHELL ROAD
 SARASOTA FL 34242-1218

2. Principal Place of Business

1141 S. Rogers Circle
 Suite 7

3. Mailing Address

1141 S. Rogers Circle
 Suite 7

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33487 USA

Zip

Country

33487 USA

4. FEI Number

65-0906887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MIRMAN, ALVIN
 4183 SHELL ROAD
 SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Joseph Ardito, Jr.

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

1141 S. Rogers Circle Suite 5

City

Boca Raton

FL

Zip Code

33487

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)

Joseph Ardito, Jr.

April 26, 2000

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO, Director
STREET ADDRESS	6016 Amberwoods Dr.
CITY-ST-ZIP	Boca Raton, FL 33423
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President, Director
STREET ADDRESS	Kenneth D. Shenkman
CITY-ST-ZIP	3480 W. Hillsboro Blvd #204
	Coconut Creek, FL 33074
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO, Secretary, Treasurer and Director
STREET ADDRESS	Stanley Siegel
CITY-ST-ZIP	4016 Hythw A
	Boca Raton, FL 33434
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Above are the original officers and)
STREET ADDRESS	Directors
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

561-989-0808

Daytime Phone #

CR2E034 (9/99)