

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90003 019 ***150.00

DOCUMENT # P99000032563

1. Entity Name

NEW CONVERSION INC.

Principal Place of Business

**343 ALCAZAR AVENUE
CORAL GABLES FL 33134**

Mailing Address

**343 ALCAZAR AVENUE
CORAL GABLES FL 33134-4301**

2. Principal Place of Business

406 N.W. 85th Street Road
Suite, Apt. #, etc.

3. Mailing Address

406 N.W. 85th Street Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

33150

USA

Zip

Country

33150

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

**RODRIGUEZ, JOSE A
777 BRICKELL AVENUE SUITE 950
MIAMI FL 33131**

Name

JOSE A. RODRIGUEZ, P.A.

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

150 ALHAMBRA CIRCLE

Suite 1270

City

Coral Gables

FL

Zip Code

33134

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/01

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, P** ☐ Delete
NAME **MILO, ALBERT JR**
STREET ADDRESS **343 ALCAZAR AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D, V.P, S** ☐ Change ☒ Addition
NAME **JOSE A. RODRIGUEZ**
STREET ADDRESS **150 ALHAMBRA CIRCLE**
CITY-ST-ZIP **Suite 1270, CORAL Gables, FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, T** ☐ Change ☒ Addition
NAME **MATHEW J. CICERO**
STREET ADDRESS
CITY-ST-ZIP **MIAMI, FL. 331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, V.P** ☐ Change ☒ Addition
NAME **MARIA T. CALDERON**
STREET ADDRESS **406 N.W. 85th Street Road**
CITY-ST-ZIP **MIAMI, FL. 33150**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)