

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P99000033708

1. Entity Name

NEWSTREET-MILLER AND ASSOCIATES, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

06-09-2000 90011 016 ***150.00

Principal Place of Business
7301 NORTHWEST 4TH STREET
SUITE 105
PLANTATION FL 33317

Mailing Address
7301 NORTHWEST 4TH STREET
SUITE 105
PLANTATION FL 33317-2234

2. Principal Place of Business
10211 W. Sample RD #114

3. Mailing Address
10211 W. Sample RD.

Suite, Apt. #, etc.
Suite 114

Suite, Apt. #, etc.
Suite 114

City & State
Coral Springs, FL

City & State
Coral Springs FL

Zip
33065

Country
USA

Zip
33065

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0936574

Applied For
Not Applicable

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

NEWSTREET, HARRY C
7301 NORTHWEST 4TH STREET
SUITE 105
PLANTATION FL 33317

Name
HARRY C. NEWSTREET

Street Address (P.O. Box Number is Not Acceptable)
10211 W. Sample RD.
Suite 114

City
Coral Springs

FL

Zip Code
33065

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 HARRY C. NEWSTREET 5/31/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH F 7301 NORTHWEST 4TH STREET SUITE 105 PLANTATION FL 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSTREET, HARRY C 7301 NORTHWEST 4TH STREET SUITE 105 PLANTATION FL 33317	<input checked="" 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	D JOSEPH F. MILLER 10211 W. Sample RD, #114 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY C. NEWSTREET 10211 W. Sample RD, Suite 114 Coral Springs, FL 33065	<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
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 all other persons empowered.

SIGNATURE: HARRY C. NEWSTREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/31/00 Daytime Phone # 954/575-3535

CR2E034 (9/99)