

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046064

1. Entity Name

NEW PROGRESS CORP.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90299 027 ***150.00

Principal Place of Business

20651 SW 121ST COURT
MIAMI FL 33177

Mailing Address

20651 SW 121ST COURT
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0920783

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

LOPEZ, CRISTIAN G
20651 SW 121 CT.
MIAMI FL 33177

Name Maria I. Lopez

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

20651 SW 121 CT

City Miami

FL

Zip Code 33177

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 *Maria Lopez*
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, 2001 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 PVD ☐ Delete
NAME LOPEZ, CRISTIAN G
STREET ADDRESS 20651 SW 121 CT.
CITY-ST-ZIP MIAMI FL 33177

TITLE SD ☒ Change ☐ Addition
NAME Lopez, Cristian G.
STREET ADDRESS 20651 SW 121 Ct Miami, FL 33177

TITLE STD ☒ Delete
NAME LOPEZ, JOSE M
STREET ADDRESS 20651 SW 121 CT.
CITY-ST-ZIP MIAMI FL 33177

TITLE PVPD ☐ Change ☒ Addition
NAME Maria I. Lopez
STREET ADDRESS 20651 SW 121 Ct Miami FL 33177

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
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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: *Maria Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)