

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90059 048 ***150.00

DOCUMENT # P99000058383

1. Entity Name

NEWVEST FINANCIAL SERVICES, INC.

Principal Place of Business

3200 NE 14TH STREET
POMPANO BEACH FL 33062

Mailing Address

3200 NE 14TH STREET
POMPANO BEACH FL 33062-8101

2. Principal Place of Business

499 E. Palmetto Park Road

Suite, Apt. #, etc.

223

City & State

Boca Raton, FL

Zip

33432

Country

3. Mailing Address

499 E. Palmetto Park Road

Suite, Apt. #, etc.

223

City & State

Boca Raton, FL

Zip

33432

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0932791

Applied For

Not

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JO, WILLIAM C
1730 NE 42ND COURT
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

JO, William C

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

499 E. Palmetto Park Road Suite 223

City

Boca Raton

FL

Zip Code

33432

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

William C. JO

(Not a Registered Agent signature required when reinstating)

DATE

1/19/2000

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 D ☐ Delete
NAME JO, WILLIAM C
STREET ADDRESS 1730 NE 42ND COURT
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☒ Delete
NAME STETIN, TIMOTHY A
STREET ADDRESS 1500 N OCEAN BLVD
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

William C. JO

1/19/2000

Date

Daytime Phone #