2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000062794 **DOCUMENT #**

1. Entity Name

NEW AGE DIRECTORY INC.



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90070 044 ***150.00

Principal Place of Business 756 BARCELONA DRIVE BOCA RATON FL 33432		756 BA	Mailing Address 756 BARCELONA DRIVE BOCA RATON FL 33432							
2. Principal Place of Business		3. Maili	3. Mailing Address						1811 8181 1851	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City 8	City & State			4. F	4. FEI Number 65-0933993 Applied For Not Applicabl			
Zip	Country	Zip	Zip Countr			5. 0	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							Name and Address of New Registered	gent		
لللجار الربطية الأنا والشهارية المراجع أأنا المراجعة الراجعة والمراجعة المراجعة المر					Name of the state					
BUSCEMI, MARIO			Street Address (F			ss (P.O. Be	P.O. Box Number is Not Acceptable)			
756 BARC		Street Address (1.0.			. Box Harrison to Horr Googlasio)					
BOCA RATON FL 33432										
:					City	•	FL	Zip Coo	de	
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. 1 am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10. OFFICERS AND DIRECT			RECTORS 11.			AD.	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE	P Delete		TITLE			<u>,,</u>	☐ Change	Addition		
NAME	BUSCEMI, MARIO			NAME						
STREET ADDRESS	756 BARCELONA DR.		STREE			i			-	
CITY-ST-ZIP	BOCA RATON FL 33432		сп		·ST-ZIP	,				
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NAME	BUSCEMI, JUDITH M			NAM	F					
	700 0/4/0220141 014				ET ADDRESS					
CITY-ST-ZIP BOCA RATON FL 33432				_	-ST-ZIP					
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MACHATORS REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 56/3620073 Date Daytime Phone #