

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90015 004 ***150.00

DOCUMENT # P99000063326

1. Entity Name
NEW SOLUTIONS, INC.

Principal Place of Business 185 EDGEWATER DRIVE CORAL GABLES FL 33133	Mailing Address 185 EDGEWATER DRIVE CORAL GABLES FL 33133-6912
---	--

2. Principal Place of Business 185 Edgewater Dr.	3. Mailing Address 185 Edgewater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33133	Zip 33133
Country DADE	Country DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 105-0935645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TILLEM, SCOTT E
10 FAIRWAY DRIVE
SUITE 219
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
 Name: **JENNIFER M. SWANGER**
 Street Address (P.O. Box Number is Not Acceptable): **185 Edgewater Dr.**
 City: **CORAL GABLES** FL Zip Code: **33133**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PTS SWANGER, JENNIFER M 185 EDGEWATER DRIVE CORAL GABLES FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANGER, JENNIFER M 185 EDGEWATER DRIVE CORAL GABLES FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 like empowered.

SIGNATURE: Jennifer M. Swanger DATE: 4/28/2000 DAYTIME PHONE #: 305-663-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)