

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90122 020 ***150.00

DOCUMENT # P99000065244

1. Entity Name
NEWRHYTHM, INC.

Principal Place of Business Mailing Address
16407 CYPRESS WATER WAY #511 **16407 CYPRESS WATER WAY #511**
TAMPA FL 33618 **TAMPA FL 33624-1259**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1307 127th AVE. **1307 127th AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
H **H**

City & State City & State
TAMPA FL **TAMPA FL**

Zip Country Zip Country
33612 **USA** **33612** **USA**

4. FEI Number Applied For
59-3587303 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTINEZ, MARTIN
3282 LAUREL DALE DRIVE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARTIN	
STREET ADDRESS	16407 CYPRESS WATER WAY #511	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WOLD, ERIC A	
STREET ADDRESS	16407 CYPRESS WATER WAY #511	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1307 127th Ave. Apt. H	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1307 127th Ave. Apt. H	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE Date: 4-21-00 Daytime Phone #: (813) 871-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)