

2000 UNIFORM BUSINESS REPORT (UBR)

7/26/00-90016-017-\$150.00-\$150.00

DOCUMENT # P99000065686

1. Entity Name

INSTITUTE OF NEW BEGINNINGS, INC.

FILED

00-AUG 21 AM 2:31

Principal Place of Business

2950 SE OCEAN BLVD. BUILDING 38, SUITE 2
STUART FL 34996

Mailing Address

2950 SE OCEAN BLVD. BUILDING 38, SUITE 2
STUART FL 34996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

650939554

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D REPOLIE, CONCETTA 2950 SE OCEAN BLVD, BUILDING 38, SUITE 2 STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REPOLI, CONCETTA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Concetta Repolie

7/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
OFF # P9900065686 205
DUW74834
2950 SE Ocean Blvd
Bldg 38 Ste 2
Stuart, Florida 34996

Institute of New Beginnings

July 20, 2000

Uniform Business Report
Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir:

I had not received the first letter that was mentioned in this form. I heard from this office that some first year corporations do not receive their first forms and the representative suggested that I send a letter with a check for \$150.00. Since this is a new business for me, I diligently take care of everything that is sent to me regarding the corporation. In the future I will make sure that this report will be sent on time Thank you.

Sincerely,

Concetta Repoli

Concetta Repoli