## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000101727 1. Entity Name NEW HORIZON INVESTMENTS, INC. 04-23-2001 90117 048 \*\*\*150.00 Mailing Address Principal Place of Business 120 SW 70TH AVE 120 SW 70TH AVE PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0963523 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required ~ -6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name HIDALGO, AUSBERTO B Street Address (P.O. Box Number is Not Acceptable) 17901 NW 5TH STREET SUITE 103 PEMBROKE PINES FL 33029 Zip Code City 8. The above named entity submits this ejatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Sauras. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ■ Addition ☐ Change TITLE TITLE Delete HIDALGO, AUSBERTO B NAME NAME STREET ADDRESS STREET ADDRESS 17901 NW 5TH STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME LISCANO, MARIA NAME STREET ADDRESS STREET ADDRESS 1679 SW 158TH AVE. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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