

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105335

1. Entity Name  
NEUPOR FLORIDA, INC.



FILED

03 OCT 27 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
88 NE 168TH STREET  
N. MIAMI BEACH, FL 33162

Mailing Address  
C/O ANTONIO F DECHARES  
AV. DE SINTRA CASADAS  
VARANDAS CASCAIS, PORTUGA, 2750

2. Principal Place of Business

3. Mailing Address  
505 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

City & State

City & State  
New York, New York

Zip Country

Zip Country  
10022 USA



REINSTATEMENT 03

4. FEI Number  
43-1977659

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, THEODORE J  
88 NE 168TH STREET  
N. MIAMI BEACH, FL 33162

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. I 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  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CHAVEZ, ANTONIO  
AV DE SINMTRA, CASA DAS VARANDAS  
2750 CASCAIS, PORTUGAL, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
DE CHAVES, ALICIA  
AV DE SINMTRA CASA DAS VARANDAS  
CASCAIS, PORTUGAL, 2750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 17, 2003 212-755-5510  
Assistant Secretary Daytime Phone #

CR2E034 (10/02)