

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90116 035 \*\*\*150.00

DOCUMENT # P99000100504 ✓  
1. Entity Name  
NEW PERSPECTIVES INC

**DO NOT WRITE IN THIS SPACE**

**830816**

2. Principal Place of Business  
4521 PGA Blvd  
Suite, Apt. #, etc. # 283

3. Mailing Address  
4521 PGA Blvd  
Suite, Apt. #, etc. # 283

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

Zip 33418 Country US Zip 33418 Country US

4. FEI Number  
65-0971037

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Douglas B Luce

Street Address (P.O. Box Number is Not Acceptable)  
3144 Casseekey Island Rd

City Jupiter FL Zip Code 33477

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 Douglas B Luce 4/1/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>LUCCI, JANE</u> <u>85 PARK AVE</u> <u>VERONA, NJ 07044</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>LUCCI, JOHN</u> <u>85 PARK AVE</u> <u>VERONA, NJ 07044</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Lucci JANE LUCCI 4/1/02 (561) 745-6510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)