

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96786

1. Entity Name

NEW DAWN U.S.A. CORP.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90003 049 \*\*\*150.00

Principal Place of Business

1620 SW 97TH AVE  
 MIAMI FL 33165

Mailing Address

14287 SW 21ST TERR  
 MIAMI FL 33175-8016  
 US

2. Principal Place of Business

1701 S.W. 87th Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33165

USA

Zip

Country

4. FEI Number

65-0299784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SANTANDER, ANTONIO  
 1620 SW 97TH AVE  
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

14287 S.W. 21st Terrace

City

Miami

FL

Zip Code

33165

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 \$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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 SANTANDER, ANTONIO  
 14287 SW 21ST TERRACE  
 MIAMI FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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 14287 SW 21ST TERRACE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Antonio Santander* Antonio Santander 4-28-00 305-559-3972