

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90051 046 \*\*\*150.00

**DOCUMENT # V49066**

1. Entity Name

**NEW STYLE, INC.**

Principal Place of Business

Mailing Address

80-90 NE 71 ST  
 MIAMI FL 33138  
 US

14610 NW 11 CT  
 MIAMI FL 33168-6952  
 US

2. Principal Place of Business

Mailing Address

80-90 NE 71 ST

14610 NW 11 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0349975

Applied For

Not Applicable

Zip

Country

33138 US

Zip

Country

33168 US

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

MOISE, LATINOS  
 14610 NW 11 CT.  
 MIAMI FL 33168

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MOISE, LATINOS**  
 CITY-ST-ZIP **14610 NW 11TH CT**  
**MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *LATINUS MOISE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 04/03/00  
 Daytime Phone #: 305-688-7270

CR2E034 (9/99)