

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000004995

**FILED**  
**Mar 29, 2021**  
**Secretary of State**  
**9032609821CC**

**Entity Name:** NEWPORT OPERATING MANAGEMENT CORP.

**Current Principal Place of Business:**

16701 COLLINS AVENUE  
SUITE 400  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16701 COLLINS AVENUE  
SUITE 400  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 65-0990518

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZEMEL, FRANKLIN L  
C/O ARNSTEIN & LEHR LLP  
200 EAST LAS OLAS BLVD. SUITE 1000  
FORT LAUDERDALE, FL 33301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            HUROWITZ, SUSANNE D  
Address        16701 COLLINS AVENUE  
                  SUITE 400  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            S  
Name            CORNFELD, ROBERT M  
Address        16701 COLLINS AVENUE  
                  SUITE 400  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            MANAGER  
Name            HUROWITZ, STEVEN  
Address        16701 COLLINS AVENUE  
                  SUITE 400  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HUROWITZ , STEVEN

**MANAGER**

**03/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date