

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90233 029 ***158.75

20031200 AV

DOCUMENT # **M33354**

1. Entity Name
NEW LIFE INVESTMENTS INC.



Principal Place of Business
**1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154
US**

Mailing Address
**1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**14707 S Dixie Hwy
Suite 404**

3. Mailing Address
**% Frederick B Gomer
Suite, Apt. #, etc.
P.O. Box 450549**

City & State
Miami, FL

City & State
Sunrise, FL

4. FEI Number **59-2693937**

Applied For
 Not Applicable

Zip **33176** Country **MIAMI-DADE**

Zip **33345** Country **Broward**

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

6. Name and Address of Current Registered Agent

**SILVERS, ROBERT H
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

Name **Frederick B Gomer**
Street Address (P.O. Box Number is Not Acceptable)
3301 NW 97 Terrace
City **Sunrise** FL Zip Code **33351**

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 **Frederick B Gomer** DATE **3-1-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	SCHLECHT, ARTHUR
STREET ADDRESS	2999 NE 191 ST #804
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14707 S Dixie Hwy, Suite 404
CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-03 **954-748-5164**
Date Daytime Phone #

CR2E034 (10/02)