

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90031 036 ****61.25

0046225

DOCUMENT # N99000004722

1. Entity Name

NEW LIFE REFUGE, INC.

Principal Place of Business

170 PENN WAY
FORT LAUDERDALE FL 33312

Mailing Address

170 PENN WAY
FORT LAUDERDALE FL 33312

2. Principal Place of Business

33600 Davie Blvd.

3. Mailing Address

1086 Long Island Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort. Laud., FL.

City & State

Fort. Lauderdale FL.

Zip

33312

Country

USA

Zip

33312

Country

4. FEI Number

65-0940671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, LEANETTA
170 PENN WAY
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, LEANETTA 170 PENN WAY FORT LAUDERDALE FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, OTHNNIEL 170 PENN WAY FORT LAUDERDALE FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MASON, EVELYN 170 PENN WAY FORT LAUDERDALE FL 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, LEANETTA 1086 LONG ISLAND AVE FORT LAUDERDALE FL. 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, Othniel 1086 LONG ISLAND AVE FORT LAUDERDALE, FL 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MASON, EVELYN 609 4th Street North Bham., Alabama 35204	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Deborah Ashely 0923 Wewey Street Hollywood, FL 33023	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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:

LEANETTA BECK WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/30/01 Daytime Phone #

CR2E037 (10/00)