

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90055 035 ***150.00

DOCUMENT # P00000078579

1. Entity Name
NEW DIRECTION MORTGAGE COMPANY

Principal Place of Business **Mailing Address**
7300 W CAMINO REAL BLVD STE 223 **7300 W CAMINO REAL BLVD STE 223**
BOCA RATON FL 33433 **BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1032533** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~TAX HOUSE CORPORATION~~
~~3929 N. FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent
 Name **PEDRO SALINAS**
 Street Address (P.O. Box Number is Not Acceptable)
6704 VIA REGINA
 City **BOCA RATON** **FL** Zip Code **33433**

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]* *PEDRO SALINAS, PRESIDENT* DATE **02/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	BO	<input type="checkbox"/> Delete
NAME	SALINAS, LEANDRO	
STREET ADDRESS	9095 S.W. 21ST CT., #B	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VB	<input type="checkbox"/> Delete
NAME	SALINAS, PEDRO	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DE AGUILAR, DIRGE M	
STREET ADDRESS	1975 LAKE POINT DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GUSTAVO SALINAS	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVO SALINAS	
STREET ADDRESS	6704 VIA REGINA	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **PEDRO SALINAS** DATE **02/15/02** DAYTIME PHONE # **(561) 395-5755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03:30:14

CR2E034 (9/01)