

2000 UNIFORM BUSINESS REPORT (UBR)

0610013

DOCUMENT # P95000020078

1. Entity Name

NEW CENTURY INVESTOR SERVICES, INC.

FILED

00 APR 19 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O 4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445

C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0575689

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE FL 32301**

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 **PD SCHWARTZBERG, ALBERT**
STREET ADDRESS **50 MAIN STREET 4TH FLOOR SUITE 435**
CITY-ST-ZIP **WHITE PLAINS NY 10606**

Change Addition
1 00003238341 --5
-05/03/00--01131--022
******150.00 ****150.00**

TITLE Delete
NAME **VSD GOLDMAN, ROBERT U**
STREET ADDRESS **600 CENTRAL AVENUE, SUITE 365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VTD WAGNER, NATHAN**
STREET ADDRESS **600 CENTRAL AVENUE, SUITE 365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD FELNER, JAY**
STREET ADDRESS **4182 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BCH FL 33445**

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
NAME
STREET ADDRESS
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, changed, or on an attachment with an address, with all other like empowered.

New Century Investor Services, Inc.

SIGNATURE:

By: *Robert U. Goldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert U. Goldman, Sect.

2-22-00

Date

(847) 432-3666

Daytime Phone #

CR2E034 (9/99)