

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752815

1. Entity Name

NEW CENTURY DEVELOPMENT CORPORATION, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90032 002 \*\*\*\*70.00

0038946

Principal Place of Business

Mailing Address

5400 NW 22ND AVE. STE 701  
MIAMI FL 33142

5400 NW 22ND AVE. STE 701  
MIAMI FL 33142

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

59-2146664

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, SHARON Y  
1780 BAYBERRY DR  
PEMBROKE PINES FL 33024

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CULVER, SULLIVAN C.	4513 NW 33RD AVENUE	MIAMI FL							
	VDT			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	GABRIEL, ROBERT C	1732 N.W. 59TH STREET	MIAMI FL							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	STACKS, MICHAEL A	17943 S.W. 77 CT.	MIAMI FL							
	DP			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WILLIAMS, SHARON Y	5400 NW 22ND AVENUE, SUITE 701	MIAMI FL							
	DS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PERCY, TERRY V	6001 N.W. 7 AVE., #100	MIAMI FL							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)