

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000540**

1. Entity Name

NEW DIMENSION FINANCIAL SERVICES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -4 PM 1:33

Principal Place of Business

2728 N. HARWOOD
DALLAS TX 75201

Mailing Address

P.O. BOX 199000
DALLAS TX 75219-9000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2725077

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

9. Capital Contributions as Shown on record.

\$49,990.00

10. Amount of Capital Contributions in FLORIDA to date.

1,433

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000001162**
NAME **CTX MORTGAGE VENTURES CORPORATION**
STREET ADDRESS **2728 N. HARWOOD**
CITY - ST - ZIP **DALLAS TX 75201**

STREET ADDRESS

CITY - ST - ZIP

900003292159--6
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **EXILSON**

5/1/00

Date

(214) 981-5000

Daytime Phone #

CR: 707 (1/1)