

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003886

1. Entity Name

THE NEW BEGINNING COMMUNITY DEVELOPMENT CORPORAT

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90062 029 ****70.00

Principal Place of Business

14900 NW 6TH COURT
MIAMI FL 33168

Mailing Address

14900 NW 6TH COURT
MIAMI FL 33168

2. Principal Place of Business

13850 NW 26th AVE
Suite, Apt. #, etc.

3. Mailing Address

13850 NW 26th AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1020777

Applied For

Not Applicable

Zip

33054-4078

Country

US

Zip

33054-4078

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHERYL
14900 NW 6TH COURT
MIAMI FL 33168

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 PD
NAME SMITH, CHERYL
STREET ADDRESS 14900 NW 6TH COURT
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE VPD
NAME DONALD, SHARON "DEE"
STREET ADDRESS 14900 NW 6TH COURT
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE SD
NAME BOKS, SYLVIA
STREET ADDRESS 14900 NW 6TH COURT
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE TD
NAME SMITH, CHERYL
STREET ADDRESS 14900 NW 6TH COURT
CITY-ST-ZIP MIAMI FL 33168 ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Cheryl Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/01/01

Daytime Phone #

305) 528-8535

CR2E037 (10/00)