

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001944

1. Entity Name

THE NEW EARTH MOVEMENT, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90011 018 \*\*\*\*61.25

Principal Place of Business	Mailing Address
5065 N.W. 27TH AVE. MIAMI FL 33142	5065 N.W. 27TH AVE. MIAMI FL 33142

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	65-0662485	Applied For	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$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
GENTRY, RODNEY DR 5065 N.W. 27TH AVE. MIAMI FL 33142	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	PD	TITLE	
NAME	GENTRY, RODNEY DR	NAME	
STREET ADDRESS	5065 N.W. 27TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	BURKE, JIMMY R.	NAME	
STREET ADDRESS	1691 N.W. 189TH TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	LANS, ADREAN	NAME	
STREET ADDRESS	1228 S.W. 3 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JOHNSON, MARYE	NAME	
STREET ADDRESS	12900 GRIFFING BLVD	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: RODNEY GENTRY 7-6-2000 638-3648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)