

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90089 014 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000002115

1. Entity Name

NEW DIRECTION INSTITUTE, INCORPORATED

Principal Place of Business

Mailing Address

7545 WEST OAKLAND PARK BLVD.
 LAUDERHILL FL 33319
 US

7545 WEST OAKLAND PARK BLVD.
 LAUDERHILL FL 33319
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659008

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROOKS, LEIGHTON
7545 W OAKLAND PK BLVD
LAUDERHILL FL 33319

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BROOKS, LEIGHTON**
 CITY-ST-ZIP **660 E DAYTON CIR**
FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
 NAME **BROOKS Leighton MD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MARSH, CAROL**
 CITY-ST-ZIP **5435 NW 10TH CT #207**
PLANTATION FL 33313

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

TITLE ☐ Delete
 NAME **CVP**
 STREET ADDRESS **HAMILTON, JAMES**
 CITY-ST-ZIP **824 PENNSYANANA AVE**
FT LAUDERDALE FL 33312

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **BELL, HILDA**
 CITY-ST-ZIP **8701 WILES RD #308**
CORAL SPRINGS FL 33067

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

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **JAMES HAMILTON**
 CITY-ST-ZIP **824 PENNSYLVANIA AVE**
FT LAUDERDALE FL 33312

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

CR2E037 (10/00)



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:

Handwritten Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten Date and Phone
 1/4/01 954-748-8444