

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90085 001 ***122.50

DOCUMENT # N96000002661

1. Entity Name

NEW WAY COVENANT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2601 N.W. 13TH STREET
 POMPANO BEACH FL 33069

2601 N.W. 13TH STREET
 POMPANO BEACH FL 33069-1841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0762628

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

~~FOLEY, FRANCIS M ESQ.~~ **FAYNE, Michael**
 3050 NORTH FEDERAL HIGHWAY, SUITE 200
 LIGHTHOUSE POINT FL 33084 **341 NW 201 St**
Miami, FL 33169

Name **FAYNE, Michael**
 Street Address (P.O. Box Number is Not Acceptable)
341 NW 201 St
 City **Miami** **FL** Zip Code **33169**

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

Michael Fayne

Michael Fayne

4-10-2000

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	D	<input type="checkbox"/> Delete
NAME	HUNTER, PAULETTE	
STREET ADDRESS	501 NW 24 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, AYANNA	
STREET ADDRESS	2601 N.W. 13TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, LAJUANE	
STREET ADDRESS	558 KATHY COURT	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTAQUE, JOHN	
STREET ADDRESS	1506 N.W. 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	M	<input type="checkbox"/> Delete
NAME	RUISE, SANDRA	
STREET ADDRESS	2410 NW 6 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RYAN	
STREET ADDRESS	180 NW 25 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

S. S. SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000

954 784 8676
 Daytime Phone #

CR2E037 (9/99)