

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90111 024 ***150.00

11/04/2002 AV

DOCUMENT # P01000074252

1. Entity Name
NEW HOME SALES REALTY, INC.



Principal Place of Business
**7438 WILES ROAD
CORAL SPRINGS FL 33067**

Mailing Address
**6010 N.W. 68TH MANOR
PARKLAND FL 33067**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7438 WILES ROAD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL

4. FEI Number **65-1134921** Applied For
 Not Applicable

Zip **33067** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

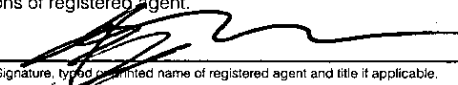
6. Name and Address of Current Registered Agent

**THE LAW OFFICES OF LEE D. GLASSMAN, P.A.
8000 PETERS ROAD
SUITE A-200
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **PATRICK MONAGHAN**
Street Address (P.O. Box Number is Not Acceptable)
7438 WILES ROAD
City **CORAL SPRINGS** FL Zip Code **33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MONAGHAN, PAT 6010 N.W. 68TH MANOR PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAGHAN, PAT 6010 N.W. 68TH MANOR PARKLAND FL 33067 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  DATE **2/28/03** DAYTIME PHONE # **954 755-0911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)