

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00036823 AT

DOCUMENT # P02000130894

1. Entity Name

NEW HORIZON PROPERTY MANAGEMENT & MAINTENANCE
NC.



FILED

04 MAY 2004 6:28

SECRETARY OF STATE



Principal Place of Business

7913 RAMONA STREET
MIRAMAR FL 33023

Mailing Address

7913 RAMONA STREET
MIRAMAR FL 33023

2. Principal Place of Business

3590 SW 70th Avenue
Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

Miramar, FL

City & State

Same

4. FEI Number

48-1289097

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHEEKS, WILLIE E
7913 RAMONA STREET
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name James J. Martin, CPA
Street Address (P.O. Box Number is Not Acceptable)
13845 SW 40th ST
City Dade FL Zip Code 33330

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

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

DATE

4/29/04

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	P	<input type="checkbox"/> Delete
NAME	CHEEKS, WILLIE E	
STREET ADDRESS	7913 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHEEKS, ROSETTA E	
STREET ADDRESS	7913 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHEEKS, WILLIE E	
STREET ADDRESS	7913 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHEEKS, ROSETTA E	
STREET ADDRESS	7913 RAMONA STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3590 SW 70th Avenue	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3590 SW 70th Avenue	
CITY-ST-ZIP	Miramar, FL 33023	
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CITY-ST-ZIP	Miramar, FL 33023	
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		

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:

Willie E. Cheeks

C. Cheeks

4/29/04

754 235 2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)