

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015595

1. Entity Name

THE NEW HOMESTEAD GROUP, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90047 034 ***150.00

Principal Place of Business

12725 SW 218TH STREET
MIAMI FL 33170

Mailing Address

12725 SW 218TH STREET
MIAMI FL 33170-2621

2. Principal Place of Business

224 Washington Ave

Suite, Apt. #, etc.

Homestead, FL

City & State

33030 USA

Zip

Country

3. Mailing Address

224 Washington Ave

Suite, Apt. #, etc.

Homestead, FL

City & State

33030 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0421698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, ROY G
12725 SW 218TH STREET
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name

Roy G Phillips

Street Address (P.O. Box Number is Not Acceptable)

12725 SW 218th St

Miami

FL

33170

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE T/D ☐ Delete
NAME PHILLIPS, ROY G
STREET ADDRESS 12725 SW 218TH STREET
CITY-ST-ZIP MIAMI FL 33170

TITLE S/D ☐ Delete
NAME PHILLIPS, VIRA L
STREET ADDRESS 12725 SW 218TH ST.
CITY-ST-ZIP MIAMI FL 33170

TITLE P/D ☐ Delete
NAME MELLERSON, PATRICIA
STREET ADDRESS 224 WASHINGTON AVE., #224
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE V/D ☐ Delete
NAME DOESARRAN, RICHARD
STREET ADDRESS 16300 SW 145 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

305 237-5010

Daytime Phone #

CR2E034 (9/99)