

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000020078**

1. Entity Name
NEW CENTURY INVESTOR SERVICES, INC.



FILED

03 APR 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O 4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445

Mailing Address
C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0575689**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE FL 32301

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SCHWARTZBERG, ALBERT**
STREET ADDRESS **50 MAIN STREET 4TH FLOOR SUITE 435**
CITY-ST-ZIP **WHITE PLAINS NY 10606**

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

TITLE **VSD** ☐ Delete
NAME **GOLDMAN, ROBERT U**
STREET ADDRESS **600 CENTRAL AVENUE, SUITE 365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

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

TITLE **VTD** ☐ Delete
NAME **WAGNER, NATHAN**
STREET ADDRESS **600 CENTRAL AVENUE, SUITE 365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

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

TITLE **VD** ☐ Delete
NAME **FELNER, JAY**
STREET ADDRESS **4182 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BCH FL 33445**

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

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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 **Robert U. Goldman**

3/25/03

(847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

199880

FP

009600

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CR2E034 (10/02)