

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098553

1. Entity Name  
NEWGEN PROPERTIES, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90072 042 \*\*\*150.00

Principal Place of Business  
2215 BELVEDERE RD  
W PALM BCH FL 33406  
US

Mailing Address  
363 COWEE TUNNEL RD  
SYLVA NC 28779  
US

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 58-2274857

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, LAWRENCE R  
2215 BELVEDERE ROAD  
W. PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name JOSE F. AUAI, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
17900 N.W. 77TH COURT  
City HIALEAH FL Zip Code 33015

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	AUAI, JOSE F JR.	
STREET ADDRESS	17900 N.W. 77TH COURT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, JERRY L	
STREET ADDRESS	4121 121ST TERRACE NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GARDNER, JENNIFER M	
STREET ADDRESS	363 COWEE TUNNEL RD	
CITY-ST-ZIP	SYLVA NC	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARDNER, LAWRENCE R	
STREET ADDRESS	363 COWEE TUNNEL RD	
CITY-ST-ZIP	SYLVA NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WAYNE M	
STREET ADDRESS	375 KATHY LANE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)