

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023330

1. Entity Name

NEW GENESIS MORTGAGE & FINANCE GROUP, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90489 015 ***150.00

Principal Place of Business

4300 NORTH UNIVERSITY DRIVE
SUITE D-205
LAUDERHILL FL 33351

Mailing Address

4300 NORTH UNIVERSITY DRIVE
SUITE D-205
LAUDERHILL FL 33351-6244

2. Principal Place of Business

4300 North University DRIVE

Suite, Apt. #, etc.

F 103

City & State

LAUDERHILL, FL

Zip
33351

Country
USA

3. Mailing Address

4300 North

UNIVERSITY DRIVE

Suite, Apt. #, etc.

F 103

City & State

LAUDERHILL, FL

Zip
33351

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0821658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, RUBY
4300 N. UNIVESITY DRIVE
SUITE F-103
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

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.

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 PD
NAME RODNEY, SHAUN
STREET ADDRESS 4300 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Delete

TITLE STD
NAME WASHINGTON, RUBY
STREET ADDRESS 4300 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Ruby Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBY WASHINGTON

4/15/00 954-747-7677

Date

Daytime Phone #