

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071384

1. Entity Name

NEW LIFE MORTGAGE COMPANY

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90005 004 \*\*\*158.75

Principal Place of Business  
1100 NE 163RD ST.. #302  
N. MIAMI BCH FL 33162  
US

Mailing Address  
1100 NE 163RD ST.. #302  
N. MIAMI BCH FL 33162-4515  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0858211**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARTINEZ, JOE**  
**490 NE 129TH ST.**  
**MIAMI FL 33161**

7. Name and Address of New Registered Agent  
Name **Juan Schwartzman**  
Street Address (P.O. Box Number is Not Acceptable)  
**339-6 Ives Dairy Rd.**  
City **Miami** **FL** Zip Code **33179**

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 *Juan Schwartzman* **4/6/00**  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD Schwartzman, Juan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZMAN, JUAN		NAME	339-6 Ives Dairy Road	
STREET ADDRESS	16216 SW 92ND AVE.		STREET ADDRESS	Miami, FL 33179	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	S Mir6t, Pablo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOE		NAME	2432 West 72 Street	
STREET ADDRESS	490 NE 129TH ST.		STREET ADDRESS	Hialeah, FL 33016	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Juan Schwartzman* **4/6/00** **305 945 3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)