

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084654

1. Entity Name

NEW CENTURY VENTURES, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90001 021 \*\*\*150.00

Principal Place of Business

Mailing Address

MADISON AVE.

477 MADISON AVE.

FLOOR

6TH FLOOR

YORK NY 10022

NEW YORK NY 10022-5802

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

62-1334950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS GREENFIELD, MARVIN E  
CITY-ST-ZIP 477 MADISON AVE 6TH FLOOR  
NEW YORK NY 10022

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS ROSEN, PAUL  
CITY-ST-ZIP 1 NE FIRST ST SUITE 700  
MIAMI FL 33132

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

TITLE ☒ Delete  
NAME V  
STREET ADDRESS MARTIN, TOM  
CITY-ST-ZIP 1975 WOODLAKE RD  
MIDWAY KY 40347

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KARDOS, JUDITH  
CITY-ST-ZIP 477 MADISON AVE 6TH FLOOR  
NEW YORK NY 10022

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HOCHMAN, JUDITH  
CITY-ST-ZIP 4302 GATOR TRACE DRIVE  
FT PIERCE FL 34982

TITLE ☒ Change ☐ Addition  
NAME TREASURER  
STREET ADDRESS FREDERICK HOCHMAN  
CITY-ST-ZIP 4302 Gator Trace Drive  
Ft. Pierce FL 34982

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS GREENFIELD, BARBARA  
CITY-ST-ZIP 477 MADISON AVE 6TH FL  
NEW YORK NY 10022

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:

*Marvin E. Greenfield, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARVIN E. GREENFIELD, PRESIDENT

Date

Daytime Phone #

1/12/99 212-207-4560

CR2E034 (9/99)