

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084654

1. Entity Name

NEW CENTURY VENTURES, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 008 ***150.00

A0049532

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

477 MADISON AVE.
6TH FLOOR
NEW YORK, NY 10022

477 MADISON AVE.
6TH FLOOR
NEW YORK, NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1334950

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BREGMAN, HOWARD
C/O GREENBERG TRAUIG ET AL
777 S. FLAGLER DRIVE STE 300 E-TOWER
WEST PALM BEACH, FL 33401

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)