

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101000

1. Entity Name
NEW AMERICA INSURANCE COMPANY

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90047 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7640 SOUTHGATE BLVD.
N. LAUDERDALE FL 33068

Mailing Address
999 STEWART AVE
BETHPAGE NY 11714
US

2. Principal Place of Business
101 Federal Place
Suite, Apt. #, etc.
Suite 201

3. Mailing Address
101 Federal Place
Suite, Apt. #, etc.
Suite 201

City & State
Tarpon Springs, FL

Zip
34689

Country
USA

City & State
Tarpon Springs, FL

Zip
34689

Country
USA

4. FEI Number	65-0879015	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, HYLAN T III 9 LOCUST LN. HUNTINGTON BAY NY 11743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JASPER J 134 CHESTNUT ST. MONTCLAIR NJ 07042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JORGE 80 VAN BUREN ST. FREEPORT NY 11520	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEZAMOODEEN, PHILBERT 38 ROOSEVELT AVE EAST ROCKAWAY NY 11518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, ROBERT M 11906 SHADYSTONE TERR. MITCHELLVILLE MD 20721	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/R/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wallach, Robert M. 219 Feeks Lane Mill Neck, NY 11765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Hylian T. Hubbard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hylian T. Hubbard, III

2-28-01

(516) 393-4810

Date

Daytime Phone #

CR2E034 (10/00)