

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 034 ***150.00

DOCUMENT # P990000009042

1. Entity Name

New World Mortgage Corp.

DO NOT WRITE IN THIS SPACE

80050317

2. Principal Place of Business

10295 Collins Ave.

3. Mailing Address

10295 Collins Ave.

Suite, Apt. #, etc.

901

Suite, Apt. #, etc.

901

City & State

BAL Harbor, FL.

City & State

BAL Harbor, FL.

4. FEI Number

Applied For

Not Applicable

Zip 33154

Country USA

Zip 33154

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MINDY SALVAGE

Street Address (P.O. Box Number is Not Acceptable)

10295 Collins Ave. #901

BAL Harbor, FL. 33154

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

Bridget Salvage

3/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
MINDY SALVAGE
10295 Collins Ave. #901
BAL Harbor, FL. 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridget Salvage

3/12/02

Date

Daytime Phone #

(305) 866-1585

CR2E034B (12/01)