

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000034257**

1. Entity Name

NEW HAVEN HOMES & INVESTMENTS CORP.**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90230 003 ***150.00

Principal Place of Business

Mailing Address

2164 NW 83 TERRACE
MIAMI FL 33147**2164 NW 83 TERRACE**
MIAMI FL 33147-5054

2. Principal Place of Business

3. Mailing Address

2164 N.W. 83 Terrace**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33147 Dade**3**

4. FEI Number

65-0912797

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

BECKFORD, ZARANN
2164 NW 83 TERRACE
MIAMI FL 33147

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 State10. 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 **D President** ☐ Delete
NAME **BECKFORD, ZARANN**
STREET ADDRESS **2164 NW 83 TERRACE**
CITY-ST-ZIP **MIAMI FL 33147**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Vice-President** ☐ Delete
NAME **Smith, Carmeleta**
STREET ADDRESS **3357 N.W. 198 Terrace**
CITY-ST-ZIP **Miami, Florida 33056**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Zarann Beckford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zarann Beckford4/27/00

Date

305) 696-7915

Daytime Phone #

CR2E034 (9/99)