

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

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 AV

04-09-2002 90035 039 ***150.00

DOCUMENT # P99000042866
 1. Entity Name
NEW CENTURY GOLF, INC.

Principal Place of Business 477 MADISON AVE NEW YORK NY 10022	Mailing Address 477 MADISON AVE NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 South OCEAN Blvd	3. Mailing Address 1500 South Ocean Blvd
Suite, Apt. #, etc. S-305	Suite, Apt. #, etc. S-305

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 58-2616342	Applied For <input type="checkbox"/> Not Applicable
Zip 33432	Country USA	Zip 33432	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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 _____ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENFIELD, MARVIN E 1500 S. OCEAN BLVD. BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENFIELD, BARBARA 1500 S. OCEAN BLVD BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARDOS, JUDITH 477 MADISON AVE NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARVIN E. GREENFIELD 1500 S. OCEAN BLVD UNIT S-305 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BARBARA GREENFIELD 1500 S. OCEAN BLVD UNIT S-305 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D FELICIA RUBIO 254 EAST 48 ST NEW YORK, NY 10021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Marvin E. Greenfield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
 Date Daytime Phone #

CR2E034 (9/01)