

2002 UNIFORM BUSINESS REPORT (UBR)

00234

DOCUMENT # P99000094538

1. Entity Name
NEW HORIZONS PROPERTY MANAGEMENT, INC.

FILED
Dec 09, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
2300 DOUGLAS ST #7
HOLLYWOOD FL 33020

Mailing Address
2300 DOUGLAS ST #7
HOLLYWOOD FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0984247

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

JONES, GAIL W
129 SW 1 CT
DANIA FL 33004

Name GAIL W. JONES
Street Address (P.O. Box Number is Not Acceptable)
717 SW 8th St.
City Dania FL Zip Code 33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gail W. Jones*

11-21-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME ANDERSON, MICHAEL K
STREET ADDRESS 6620 SW 20TH ST
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Change ☐ Addition
NAME 500009033315
STREET ADDRESS 11/15/02--01096--010 **750.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCRAY, JAKE
STREET ADDRESS 742 SW 4TH ST
CITY-ST-ZIP DANIA BEACH FL 33004

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

TITLE D ☐ Delete
NAME MCDUFFIE, BETTYE C
STREET ADDRESS 10961 TAFT ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE D ☐ Delete
NAME PERRY, BOB
STREET ADDRESS 219 SW 21ST WAY
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE D ☐ Delete
NAME OCTAVIO, ALLEN
STREET ADDRESS 2254 DOUGLAS ST
CITY-ST-ZIP HOLLYWOOD FL 33020

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: *Jake McCray* 11/12/02 954-921-6324

CR2E034 (4/02)