

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90035 004 ***158.75

DOCUMENT # 149070

1. Entity Name

BARFIELD INC.

Principal Place of Business

Mailing Address

4101 N.W. 29TH STREET
 MIAMI FL 33142

4101 N.W. 29TH STREET
 MIAMI FLA 33142-5617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0556588

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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	<input checked="" type="checkbox"/> Delete
NAME	BARFIELD, J W	
STREET ADDRESS	4101 N W 29TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	LATHROP, HARRY A	
STREET ADDRESS	1478 CENTRAL AVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATHISEN, RAYMOND	
STREET ADDRESS	4101 NW 29TH ST.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES G	
STREET ADDRESS	4101 NW 29TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PHILIBERT, GEORGES X	
STREET ADDRESS	4101 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURENT AIMAED	
STREET ADDRESS	4101 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE CLERC-RENAUD	
STREET ADDRESS	4101 NW 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD KOWAL	
STREET ADDRESS	4101 NW 29 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVES RICHARD	
STREET ADDRESS	4101 NW 29 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC BERNARD	
STREET ADDRESS	4101 NW 29 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN-LUC MONCEAU	
STREET ADDRESS	4101 NW 29 STREET	
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:

[Signature] VP

2-15-00

Date

3058761668

Daytime Phone #

CR2E034 (9/99)