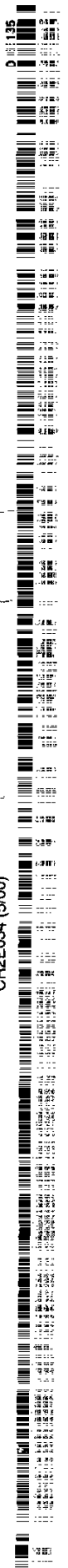


2000 UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # **P99000087963**

1. Entity Name
THE SUMMER HOUSE AND FIELD TRUST, INC.

Principal Place of Business: **4201 COLLINS AVENUE UNIT 1103 MIAMI FL 33140**
 Mailing Address: **4201 COLLINS AVENUE UNIT 1103 MIAMI FL 33140**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **3500 NW 72 Ave**
 Suite, Apt. #, etc.

City & State: **Miami, FL**
 Zip: **33122** Country: **USA**

FILED
00 DEC 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT *DO NOT WRITE IN THIS SPACE*

4. FEI Number 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**

PHILLIPS, GARY S ESQ.
4000 HOLLYWOOD BOULEVARD
SUITE 265-SOUTH
HOLLYWOOD FL 33021

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: **12/1/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D AMARAL, IVAN D 4201 COLLINS AVENUE UNIT NO. 1103 MIAMI FL 33140			200003515152--9 -12/28/00--01013--006 ****750.00 ****750.00		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **10/23/00**
 Daytime Phone #: **(305) 597-2300**

CR2E034 (5/00)