FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90350 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022605

1. Entity Name
FAIRFIELD CONSULTING GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20533 BISCAYNE BLVD	20533 BISCAYNE BLVD
Suite/Apt. #, etc. 1319	Suite/Apt. #, etc. 1319
City & State AVENTURA, FLORIDA	City & State AVENTURA, FLORIDA
Zip 33180 Country US	Zip 33180 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1091824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BRUCE GOLDBERG

Street Address (P.O. Box Number is Not Acceptable) 3300 NORTHEAST 191 STREET

1117

City AVENTURA FL Zip Code 33180

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] 4/29/02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRUCE GOLDBERG
STREET ADDRESS	3300 NORTHEAST 191 STREET
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #