

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 4101 N.W. 29TH STREET MIAMI FL 33142	Mailing Address 4101 N.W. 29TH STREET MIAMI FLA 33142-5617
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

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

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARFIELD, J W 4101 N W 29TH ST MIAMI, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LATHROP, HARRY A 1478 CENTRAL AVE ATLANTA GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHISEN, RAYMOND 4101 NW 29TH ST. MIAMI, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, JAMES G 4101 NW 29TH ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PHILIBERT, GEORGES X 4101 NW 29TH STREET MIAMI FL <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	S LAURENT AIMAED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29TH STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRE CLERC-RENAUD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29TH STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GERARD KOWAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29 STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVES RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29 STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC BERNARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29 STREET MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-LUC MONCEAU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4101 NW 29 STREET

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: _____ VP Date: **2-15-00** Daytime Phone #: **3058761668**

CR2E034 (9/99)