

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0229330 AV

**DOCUMENT # 149070**

1. Entity Name  
**BARFIELD INC.**

02-21-2002 90022 036 \*\*\*150.00

Principal Place of Business  
**4101 N.W. 29TH STREET**  
**MIAMI FL 33142**

Mailing Address  
**4101 N.W. 29TH STREET**  
**MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-0556588**

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

**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 \_\_\_\_\_ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AIMARD, LAURENT</b> <b>4101 N W 29TH ST</b> <b>MIAMI FL 33142</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LATHROP, HARRY A</b> <b>1478 CENTRAL AVE</b> <b>ATLANTA, GA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLERC-RENAUD, PIERRE</b> <b>4101 NW 29TH ST.</b> <b>MIAMI FL 33142</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TAYLOR, JAMES G</b> <b>4101 NW 29TH ST</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>PHILIBERT, GEORGES X</b> <b>4101 NW 29TH STREET</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KOWAL, GERARD</b> <b>4101 NW 29 ST</b> <b>MIAMI FL 33142</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Monceaux, Jean-Luc</b> <b>Av. George Barre BP2</b> <b>Merignac, France</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Richard, Yves</b> <b>Av. George Barre BP2</b> <b>Merignac, France</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Pinsault, Yvan</b> <b>316 Route de Bayonne</b> <b>Toulouse, France</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bernard, Erick</b> <b>316 Route de Bayonne</b> <b>Toylouse, France</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Emker, Horst</b> <b>4101 NW 29 St.</b> <b>Miami, FL 33142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Babou, Sylvain</b> <b>4101 NW 29 St.</b> <b>Miami, FL 33142</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lonnie O. GATEWOOD 2/4/02 (305) 871-3900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment Document # 149070  
926665

2002 UBR  
Item 12.

V Addition  
Cole, Neil  
3801 SW 141 Ave.  
Miramar, FL 33027

V Addition  
Butler, Al  
9711 SW 105 Court  
Miami, FL 33176

V Addition  
Annesser, James  
7750 SW 155 St.  
Miami, FL 33157

V Addition  
Rogers, John  
7757 NW 25 St.  
Margate, FL 33063

V Addition  
Denise, Frederic  
4101 NW 29 St.  
Miami, FL 33142

V Addition  
Gatewood, Lonnie  
7143 East Tropical Way  
Plantation, FL 33317

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