

# 2002 UNIFORM BUSINESS REPORT (UBR)

0150233 IN

DOCUMENT # F01000001607

1. Entity Name

ABBEYFIELD INVESTMENTS LIMITED, INC.

FILED

02 OCT -4 PM 12: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O TRIDENT TRUST (BVI) LIMITED.  
TRIDENT CHAMBERS.POB 146.ROADTOWN. TORTOLA  
BRITISH VIRGIN ISLANDS

Mailing Address  
C/O TRIDENT TRUST (BVI) LIMITED.  
TRIDENT CHAMBERS.POB 146.ROADTOWN. TORTOLA  
BRITISH VIRGIN ISLANDS

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
c/o Shepard King  
1221 Brickell Avenue  
Miami, FL 33131  
USA

4. FEI Number NOT APPLICABLE  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
CorpDirect Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
103 N. Meridian St., Lower Level  
City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sam Wolfe  
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 \$550.00  
After September 13, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	D CODINA DE CAMPOLLO, AMPARO 7TH AVE.,653 ZONA 4,EDF. TRIANGULO, 4TH FL GUATEMALA CITY, GUATEMALA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600008339826-7 -10/11/02--01065--015 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOLLO, RICARDO 7TH AVE.,653 ZONA 4,EDF. TRIANGULO, 4TH FL GUATEMALA CITY, GUATEMALA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an officer like empowered.

SIGNATURE: Shepard King REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date October 3, 2002 Daytime Phone #

CR2E034 (4/02)