

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90077 028 ***158.75

DOCUMENT # P00000028089

1. Entity Name
NEWFIELDRIE, INC.

Principal Place of Business

**1401 BRICKELL AVENUE
 SUITE 332
 MIAMI F: 33131**

Mailing Address

**1401 BRICKELL AVENUE
 SUITE 332
 MIAMI F: 33131**

2. Principal Place of Business

340 NW 99th Way
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 310578
 Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

MIAMI, FL

4. FEI Number

65-0991914

Applied For

Not Applicable

Zip

Country

33024

BROWARD

Zip

33231

Country

DADE

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **SOTO, DORA P**
 STREET ADDRESS **1401 BRICKELL AVENUE SUITE 332**
 CITY-ST-ZIP **MIAMI F: 33131**

☒ Change ☐ Addition
 NAME **340 N.W. 99 Way**
 STREET ADDRESS **Pembroke Pines, FL**
 CITY-ST-ZIP **33024**

TITLE **CEO** ☐ Delete
 NAME **MANFREDI, LUDOVICO**
 STREET ADDRESS **1401 BRICKELL AVENUE SUITE 332**
 CITY-ST-ZIP **MIAMI F: 33131**

☐ Change ☐ Addition
 NAME **201 CRANDON BLVD #131**
 STREET ADDRESS **Key Biscayne FL**
 CITY-ST-ZIP **33149**

TITLE **TD** ☐ Delete
 NAME **RODRIGUEZ, JORGE L**
 STREET ADDRESS **1401 BRICKELL AVENUE SUITE 332**
 CITY-ST-ZIP **MIAMI F: 33131**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01 (954) 392-1108

CR2E034 (10/00)