

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90255 025 \*\*\*158.75

**DOCUMENT # P00000028089**

1. Entity Name  
**NEWFIELD RICE, INC.**



Principal Place of Business  
**340 NW 99TH WAY  
PEMBROKE PINES, FL 33024**

Mailing Address  
**P.O. BOX 310578  
MIAMI, FL 33231**

**10094526**

2. Principal Place of Business  
**11431 Interchange Cir S**  
Suite, Apt. #, etc.

3. Mailing Address  
**11431 Interchange Cir S.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIRAMAR, FL**  
Zip  
**33025**

City & State  
**MIRAMAR, FL**  
Zip  
**33025**

4. FEI Number  
**65-0991914**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SOTO, DORA P	
STREET ADDRESS	340 NW 99 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MANFREDI, LUDOVICO	
STREET ADDRESS	201 CRANDON BLVD #131	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JORGE L	
STREET ADDRESS	1401 BRICKELL AVENUE SUITE 332	
CITY-ST-ZIP	MIAMI, F; 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>201 CRANDON Blvd # 897</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 10 or Block 11 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

**4/28/03 (954) 392-1108**  
Daytime Phone #

CR2E034 (10/02)