

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 038 ***158.75

DOCUMENT # P00000073189

1. Entity Name

NEWFIELD CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

318 INDIAN TRACE # 316

318 INDIAN TRACE # 316

City & State

City & State

WESTON FLORIDA

WESTON FLORIDA

Zip

Country

Zip

Country

33327

33327

4. FEI Number

651029539

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PIZARRO ALICIA

Street Address (P.O. Box Number is Not Acceptable)

318 INDIAN TRACE # 316

City

WESTON

FL

Zip Code

33326

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PTD
ECHEVERRIA RAFAEL
1387 MAJESTY TERRACE
WESTON FLORIDA 33327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
PIZARRO ALICIA
1385 MAJESTY TERRACE
WESTON FLORIDA 33327

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

954-217-7187

Daytime Phone #

CR2E034B (12/01)