

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90150 006 ***158.75

DOCUMENT # P01000012060

1. Entity Name
MARSHFIELD PROPERTIES, INC.

Principal Place of Business

C/O IRVING SHIMOFF
 100 S.E. 2ND STREET #3920
 MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF
 100 S.E. 2ND STREET #3920
 MIAMI FL 33131

2. Principal Place of Business

100 S.E. 2nd Street

3. Mailing Address

40 E. COLLINGS Suite 1880

Suite, Apt., etc.

Suite 3920

Suite, Apt., etc.

200 South Biscayne Blvd

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEL Number

65-1076211

Applied For

Not Applicable

Zip

Country

33131 U.S.

Zip

Country

33131 U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING
100 S.E. 2ND STREET
SUITE 3920
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CHRISTINA COLLINS**

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

40 Suite 1880
200 South Biscayne Blvd.

City **MIAMI**

FL

Zip Code **33131**

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 *Christina Collins*

CHRISTINA COLLINS

4-26-02

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **CHRISTINA COLLINS**
 STREET ADDRESS **40 Suite 1880, 200 S. Biscayne Blvd**
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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

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

TITLE ☐ 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: *Christina Collins* **CHRISTINA COLLINS** **4-26-02** **305 372 3535**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)