

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90072 041 ***150.00

DOCUMENT # P01000017964

1. Entity Name
NORTH AMERICAN PERIODICALS, INC.

Principal Place of Business
9360 SUNSET DRIVE SUITE 287
MIAMI FL 33173

Mailing Address
9360 SUNSET DRIVE SUITE 287
MIAMI FL 33173

2. Principal Place of Business
9 NORTH BOUNTY LANE
 Suite, Apt. #, etc.

3. Mailing Address
9 NORTH BOUNTY LANE
 Suite, Apt. #, etc.

City & State
KEY LARGO FL.
Zip **33037**
Country **U.S.A.**

City & State
KEY LARGO FL.
Zip **33037**
Country **USA**

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

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

6. Name and Address of Current Registered Agent

FIELDS, DAVID
9360 SUNSET DRIVE SUITE 287
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **ROLFE GRIFFIN**
Street Address (P.O. Box Number is Not Acceptable)
9 NORTH BOUNTY LANE
City **KEY LARGO** **FL** **Zip Code** **33037**

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 *Rolfe Griffin* **ROLFE GRIFFIN PRESIDENT** **MARCH 26, 2002**
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CROSSLEY, LESLEY 9360 SUNSET DRIVE SUITE 287 MIAMI FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROLFE GRIFFIN 9 NORTH BOUNTY LANE KEY LARGO FL. 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rolfe Griffin* **PRESIDENT** **MARCH 26, 2002** **305-852-3933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)