

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90557 001 ***300.00

DOCUMENT # P01000080536

1. Entity Name
SARSFIELD INVESTMENT GROUP INC.

Principal Place of Business
3700 AIRPORT ROAD
SUITE303
BOCA RATON FL 33431

Mailing Address
3700 AIRPORT ROAD
SUITE303
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address
PO Box 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deerfield beach

4. FEI Number
05-1133432

Applied For

Not Applicable

Zip

Country

Zip
33442

Country

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

HARRIS, PATRICK J
3700 AIRPORT ROAD
SUITE 303
BOCA RATON FL 33431

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

01-30-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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DSVT
Harris, Pat
20052 PALM ISL DR
BOCA RATON, FL 33498

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-30-02

CR2E034 (9/01)