

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038726

1. Entity Name

THE MUIRFIELD GROUP, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 028 ***150.00

627073



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6801 MIAMI GARDENS DR MIAMI FL 33015	6801 MIAMI GARDENS DR MIAMI FL 33015-3407

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0511499	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
O'DELL, PAUL 6801 MIAMI GARDENS DR. MIAMI FL 33015

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.

SIGNATURE _____ (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, 2000 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	TASD	<input type="checkbox"/> Delete
NAME	VIDAL, SERGIO JR	
STREET ADDRESS	2351 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'DELL, ANA	
STREET ADDRESS	19141 ROYAL BIRKDALE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, JOHN	
STREET ADDRESS	6801 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORALES, CARLOS	
STREET ADDRESS	6801 MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	O'DELL, PAUL	
STREET ADDRESS	19141 ROYAL BIRKDALE DR.	
CITY-ST-ZIP	CC OF MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00

305-829-8456

Call mail RRR 7099-3400-003-3907-2457

CR2E034 (9/99)