

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90017 023 \*\*\*150.00

**DOCUMENT # P93000038726**

1. Entity Name  
**THE MUIRFIELD GROUP, INC.**

Principal Place of Business

**6801 MIAMI GARDENS DR  
 MIAMI FL 33015**

Mailing Address

**6801 MIAMI GARDENS DR  
 MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0511499**

Applied For

Not Applicable

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

**O'DELL, PAUL  
 6801 MIAMI GARDENS DR.  
 MIAMI FL 33015**

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

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

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

**Paul O'Dell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02**

Date

**305-829-8456**

Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment  
Document #  
P93000038726

427227

February 12, 2002

THE MUIRFIELD GROUP, INC.  
6801 MIAMI GARDENS DR  
MIAMI, FL 33015

Subject: THE MUIRFIELD GROUP, INC.

Reference Number: P93000038726

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

- ✓ To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

MY APOLOGIES!  
See attached

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM

ANNUAL REPORTS SECTION