

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90021 017 \*\*\*150.00

**DOCUMENT # P93000041112**

1. Entity Name

**FIELDS - MARSHBURN, INC.**

Principal Place of Business

2891 SW 69TH CT  
 MIAMI FL 33155  
 US

Mailing Address

2891 SW 69TH CT  
 MIAMI FL 33155-2828  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0419012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, MICHAEL J**  
**8810 SW 191 STREET**  
**MIAMI FL 33157**

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

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, 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  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

**D** ☐ Delete  
**MARSHBURN, EDWARD**  
**4996 SW 5 STREET**  
**MARGATE FL 33068**

**D** ☐ Delete  
**FIELDS, MICHAEL J**  
**8810 SW 191 STREET**  
**MIAMI FL 33157**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Edward Marshburn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD MARSHBURN**

Date

Daytime Phone #

**4-12-2000 3059600084**

CR2E034 (9/99)