

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90029 010 \*\*\*150.00

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**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  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Fulda-Marshburn, Inc.*

3. Mailing Address

*Fulda-Marshburn, Inc.*

Suite, Apt. #, etc.

*16420 SW 80 AVE.*

Suite, Apt. #, etc.

*16420 SW 80 AVE.*

City & State

*MIAMI, FL.*

City & State

*MIAMI, FL.*

4. FEI Number

**65-0419012**

Applied For

Not Applicable

Zip

*33157*

Country

*DADE*

Zip

*33157*

Country

*DADE*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, MICHAEL J**

**16420 SOUTH WEST 30 TH AVENUE  
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

*MICHAEL J. FIELDS*

Street Address (P.O. Box Number is Not Acceptable)

*16420 SW 80 AVE.*

*DE*

*MIAMI, FL.*

City

**FL**

Zip Code

*33157*

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

*Michael J. Fields*

*President*

*4/1/02*

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	<b>D</b> <b>MARSHBURN, EDWARD</b> <b>4996 SW 5 STREET</b> <b>MARGATE FL 33068</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELDS, MICHAEL J</b> <b>16420 SOUTH WEST 80 TH AVENUE</b> <b>MIAMI FL 33157</b>	<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		<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Michael J. Fields</i> <i>16420 SW 80TH AVE.</i> <i>Miami, FL. 33157</i>	<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

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:

*Michael J. Fields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/02*

Date

*305-238-5618*

Daytime Phone #

CR2E034 (9/01)