

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062660

1. Entity Name

T. FIELDS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90012 017 ***150.00

Principal Place of Business

Mailing Address

4432 PEMBROKE RD.
HOLLYWOOD FL 33021

PO BOX 640213
MIAMI FL 33164-0213
US

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

65-0475463

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

WILKINS, JAMES
4432 PEMBROKE RD.
HOLLYWOOD FL 33021

Name JAMES Wilkins

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

4432 Pembroke Road

City Hollywood, FL

FL

Zip Code 33021

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

JAMES Wilkins

Signature, typed or printed name of registered agent and title if applicable.

James Wilkins

(NOTE: Registered Agent signature required when reinstating)

4/6/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input type="checkbox"/> Delete
NAME	WILKINS, JAMES	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILKINS, KAREN	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILKINS, EVELYN	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Dahlia Cunningham	
STREET ADDRESS	P.O. Box 640213	
CITY-ST-ZIP	MIAMI, FL 33179-0213	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES Wilkins	
STREET ADDRESS	P.O. Box 640213	
CITY-ST-ZIP	MIAMI, FL 33179-0213	
TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN Wilkins	
STREET ADDRESS	P.O. Box 640213	
CITY-ST-ZIP	MIAMI, FL 33179-0213	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN Wilkins	
STREET ADDRESS	P.O. Box 640213	
CITY-ST-ZIP	MIAMI, FL 33179-0213	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dahlia Cunningham	
STREET ADDRESS	P.O. Box 640213	
CITY-ST-ZIP	MIAMI, FL 33179-0213	
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

4/6/00

Date

Daytime Phone #

954 981-2565

CR2E034 (9/99)