

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90086 039 ***150.00

0499208

DOCUMENT # P93000062660

1. Entity Name

T. FIELDS, INC.

Principal Place of Business

**4432 PEMBROKE RD.
 HOLLYWOOD FL 33021**

Mailing Address

**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

**WILKINS, JAMES
 4432 PEMBROKE RD.
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Scott R. Jay P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1575 IVES DAIRY ROAD
 City **MIAMI** FL Zip Code **33179**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WILKINS, JAMES	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKINS, KAREN	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINS, EVEYLN	
STREET ADDRESS	PO BOX 640213	
CITY-ST-ZIP	MIAMI FL 33179-0213	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, DAHLIA	
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		

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
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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

James Wilkins 04/25/01

Date

(954) 981-2565

Daytime Phone #

CR2E034 (10/00)