

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90171 005 \*\*\*150.00

**DOCUMENT # P94000045658**

1. Entity Name  
**LAND AIR & SEA TOOL CO.**

Principal Place of Business

**7333 SW 63 COURT  
 SOUTH MIAMI FL 33143**

Mailing Address

**7333 SW 63 COURT  
 SOUTH MIAMI FL 33143**

2. Principal Place of Business

**5402 NW 72 Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**5402 NW 72 Ave.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0531555**

Applied For

Not Applicable

Zip

Country

**33166 USA**

Zip

Country

**33166 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FIELD, MAUREEN  
 5760 NW 72ND AVE  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Field, Maureen**

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

**5402 NW 72 Ave.**

City

**Miami**

FL

Zip Code

**33166**

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

**Maureen Field**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/02**

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 **P** ☐ Delete  
 NAME **FIELD, PETER**  
 STREET ADDRESS **5760 NW 72ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☐ Delete  
 NAME **FIELD, MAUREEN**  
 STREET ADDRESS **5760 NW 72ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **Field, Peter**  
 STREET ADDRESS **5402 NW 72 Ave.**  
 CITY-ST-ZIP **Miami, FL 33166**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Field, Maureen**  
 STREET ADDRESS **5402 NW 72 Ave**  
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Maureen Field** **MAUREEN FIELD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**

Date

Daytime Phone #

**305 882 1195**

CR2E034 (9/01)