

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046052

1. Entity Name
THE WHITFIELD GROUP, INC.Principal Place of Business
6055 NW 170 LANE
MIAMI FL 33015Mailing Address
6055 NW 170 LANE
MIAMI FL 330152. Principal Place of Business
15476 NW 77 COURT3. Mailing Address
15476 NW 77 COURT

Suite, Apt. #, etc.

BOX 108

Suite, Apt. #, etc.

BOX 108

City & State
MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

Zip

Country

Country

33016

33016

U.S.A.

U.S.A.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90622 004 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0762176

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

DRESE, JAMES W
6055 NW 170 LANE
MIAMI FL 33015

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's 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 State10. 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

CR2E034 (9/01)

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS DRESE, JAMES W 6055 NW 170 LANE MIAMI FL 33015 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

4/24/02 305-822-3438
Daytime Phone #