2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# V03897

Entity Name: NEWFIELD (G.P.) INC.

Current Principal Place of Business:

340 NW 99 WAY
PEMBROKE PINES, FL US

New Principal Place of Business:

Current Mailing Address:

P O BOX 310518
MIAMI, FL 33231 US

New Mailing Address:

P O BOX 310578
MIAMI, FL 33231 US

FEI Number: 65-0307236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMES, STUART D.
150 W. FLAGLER
SUITE 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: MANFREDI, LUDOVICO
Address: 1401 BRICKNELL AVE., #1000
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: SOTO, DORA
Address: 340 N.W. 99 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete
Name: AMES, STUART
Address: 150 W. FLAGLER ST., SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: MANFREDI, LUDOVICO
Address: P.O. BOX 310578
City-St-Zip: MIAMI, FL 33231

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDOVICO MANFREDI P 04/30/2002

Electronic Signature of Signing Officer or Director Date