

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 022 ***150.00

DOCUMENT # **P01000013104** ✓
1. Entity Name
C & L ENTERPRISES OF CALIFORNIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 W. OAKRIDGE ROAD (address
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1472
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
NEWPORT BEACH, CA 92663

Zip
32853 Country
USA

Zip
92663 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1525950 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

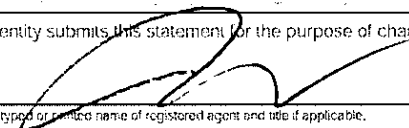
7. Name and Address of Current Registered Agent

Name
EMILY LEE

Street Address (P.O. Box Number is Not Acceptable)
500 W. OAKRIDGE ROAD (address of Comm Center)

City
ORLANDO, FL Zip Code
32853

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  Accountant **5-10-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

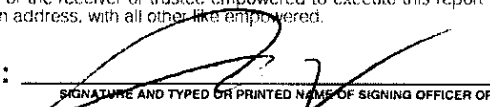
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT EMILY LEE P.O. BOX 1472 NEWPORT BEACH, CA 92663	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5-10-02** **530-877-4743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)