

FILED
Jul 09, 2003 8:00 am
Secretary of State

2003 UNIFORM BUSINESS REPORT (UBR)

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05-06-2003 90036 011 ***150.00

DOCUMENT# P02000118712

(L)

1. Entry Name

CLEVER SERVICES CORPORATION

Principal Place of Business Mailing Address
6800 NW 39TH AVE #367 **6800 NW 39TH AVE #367**
COCONUT CREEK FL 33073 **COCONUT CREEK FL 33073**

55050653

FEI: 99579 2173

2. Principal Place of Business 3. Mailing Address
Suite Apt.#, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
FEI Number 99579 2173

4. FEI Number **061656 43** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TAX HOUSE CORPORATION
3920 N FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
Name: **TAX HOUSE CORPORATION**
Street Address (P.O. Box Number is Not Acceptable): **533 E. SAMPLE ROAD**
City: **POMPANO BEACH** FL Zip Code: **33064**

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: _____ DATE: **04/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW! FEE IS \$150.00**
After MAY 1, 2003 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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVA, FHABLO C 6800 NW 39TH AVE #367 COCONUT CREEK FL 33073	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)(1), 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 807, 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 employees.

SIGNATURE: _____ DATE: **04/17/03**
Signature and typed or printed name of signing officer or director