

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071893

1. Entity Name

CLOREINDA ENTERPRISES, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90036 002 \*\*\*150.00

Principal Place of Business

114 CALLE ENSUENO  
 MARATHON FL 33001

Mailing Address

114 CALLE ENSUENO  
 MARATHON FL 33050-2507

2. Principal Place of Business

5701 9/5 HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

City & State

MARATHON FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, CLORINDA  
 114 CALLE ENSUENO  
 MARATHON FL 33050

7. Name and Address of New Registered Agent

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 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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ROBLES, CLORINDA M	
STREET ADDRESS	114 CALLE ENSUENO	
CITY-ST-ZIP	MARATHON FL 33001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Clorinda Robles  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 (305) 743-7485  
 Date Daytime Phone #