

04-21-2002 90912 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name **P97000074200**
CARLO CLEARANCES INC

DO NOT WRITE IN THIS SPACE

831607

| | | | | | |
|---|-----------------------|--|-----------------------|---|-------------------------------|
| 2. Principal Place of Business 1867 NW 97 AVE | | 3. Mailing Address 1867 NW 97 AVE. | | DO NOT WRITE IN THIS SPACE | |
| Suite, Apt. #, etc. Suite # 104 | | Suite, Apt. #, etc. SUITE 104 | | | |
| City & State MIAMI FL | | City & State MIAMI FL. | | 4. FEI Number 65-0777981 | Applied For Not Applicable |
| Zip 33172 | Country USA | Zip 33172 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **STEWART RIPP**
 Street Address (P.O. Box Number is Not Acceptable)
1867 NW 97 AVE.

City **Miami** FL Zip Code **33172**

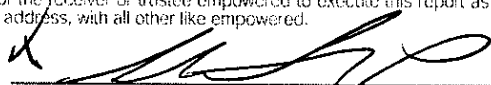
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTIF: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART RIPP 1867 NW 97 AVE. MIAMI FL 33172 | 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/9/02** **305-513-3195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)