

# JO UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90071 023 \*\*\*150.00

**DOCUMENT # P98000073441**

1. Entity Name

**CLAM USA, INC.**

Principal Place of Business

Mailing Address

**501 BRICKELL KEY DR., #407**  
**MIAMI, FL 33131**

83001100

2. Principal Place of Business

3. Mailing Address

**5481 NW 72ND AVENUE**

**401 MIRACLE MILE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**CORAL GABLES, FL**

4. FEI Number

**65-0902295**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**33166**

Country

**US**

Zip

**33134**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAZQUEZ, GERARDO A**

**501 BRICKELL KEY DR., #407**

**MIAMI, FL 33131**

Name

**DI FALCO JUSSEPE**

Street Address (P.O. Box Number is Not Acceptable)

**10989 NW 62ND TERRACE**

City

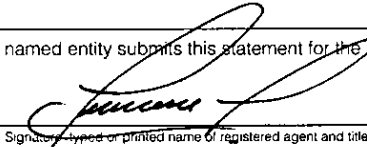
**MIAMI**

**FL**

Zip Code  
**33178**

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



**DI FALCO, JUSSEPE**

**4/28/2000**

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.

**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 **DP**  Delete  
 NAME **DI FALCO JUSSEPE**  
 STREET ADDRESS **10989 NW 62ND TERRACE**  
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **VAZQUEZ, GERARDO A.**  
 STREET ADDRESS **501 BRICKELL KEY DR., #407**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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:



**DI FALCO, JUSSEPE**

**4/28/2000**

**(305) 775-6465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)