


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91764 020 \*\*\*150.00

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

DOCUMENT # P98000073441  
 1. Entity Name  
 CLAM USA, INC



**90128401**

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|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Place of Business<br>6932 NW 51 ST<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>10345 NW 41 STREET<br>Suite, Apt. #, etc.<br>116 |         |
| City & State<br>MIAMI, FL  |         | City & State<br>MIAMI, FL  |         |
| Zip<br>33166   | Country | Zip<br>33178   | Country |

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|  |           |  |
|--|-----------|--|
| 4. FEI Number<br>65-0902295  |           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                        |           | <b>\$8.75</b> Additional Fee Required                  |
| 7. Name and Address of Current Registered Agent                                  |           |  |
| Name: <b>JUSSEPE DI FALCO</b>  |           |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>10989 NW 62 TERRACE</b> |           |  |
| City   | State     | Zip Code   |
| <b>MIAMI,</b>  | <b>FL</b> | <b>33178</b>   |

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>VAZQUEZ, GERARDO<br>501 BRICKELL KEY DR, STE 407<br>Miami, FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JUSSEPE DI FALCO<br>6932 NW 51 STREET<br>Miami, FL 33166           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>         IN THIS SPACE</b> |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4-30-03** Daytime Phone #: **305-500-9581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR