

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 823783

1. Entity Name

CLEVELAND PROCESS CORP

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90081 002 \*\*\*150.00

Principal Place of Business	Mailing Address
127 S.W. 5TH AVENUE HOMESTEAD FL 33030	127 S.W. 5TH AVENUE HOMESTEAD FL 33030-7035

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	34-0811587	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARBIN, EVAN ESQUIRE 48 EAST FLAGLER STREET PENTHOUSE 104 MIAMI FL 33131	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME LEFEBVRE, FREDERICK, JR. STREET ADDRESS 127 S.W. 5 AVENUE CITY-ST-ZIP HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE VD NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME LEFEBVRE, CRYSTAL STREET ADDRESS 127 S.W. 5 AVENUE CITY-ST-ZIP HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME LEFEBVRE, EMILY STREET ADDRESS 127 S.W. 5 AVENUE CITY-ST-ZIP HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)