

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 728578

1. Entity Name

THE CLINTON ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-07-2000 90027 029 ****61.25

Principal Place of Business
6545 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141

Mailing Address
6545 INDIAN CREEK DRIVE
MIAMI BEACH FL 33141-5831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1521822

Applied For

Not Applicable

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

MARTIN, LUIS
10441 SW 52 ST
MIAMI FL 33165

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, LOUIS	
STREET ADDRESS	10441 SW 52 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAUL, JORGE	
STREET ADDRESS	6545 INDIAN CREEK DR #206	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROCHE, ERNIE	
STREET ADDRESS	6545 INDIAN CREEK DR 509	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEL CASTILLO, RAIMUNDO	
STREET ADDRESS	8095 SW 89 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFARONE, FRANK	
STREET ADDRESS	61-15 97 AVE #14E	
CITY-ST-ZIP	REDO PARK NY	
TITLE	BM	<input type="checkbox"/> Delete
NAME	COSTALES, GLADYS	
STREET ADDRESS	1623 COLLINS AVE., #714	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LUIS	
STREET ADDRESS	10441 S.W. 52 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	MAX MERC (P) - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAX MERC	
STREET ADDRESS	6545 INDIAN CREEK DR #504	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	V.P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK ALFARONE	
STREET ADDRESS	6545 INDIAN CREEK DR 509	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CASTILLO, RAIMUNDO	
STREET ADDRESS	8095 S.W. 89 CT	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARDIA, LUIS	
STREET ADDRESS	8835 S.W. 43 TR	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTALES, GLADYS	
STREET ADDRESS	1623 COLLINS AVE #714	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 (305) 274-4882

CR2E037 (9/99)