

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000658**

1. Entity Name

CLOUD ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

Principal Place of Business

221 EL VEDADO ROAD
PALM BEACH FL 33480

Mailing Address

221 EL VEDADO ROAD
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOUD, MARJORIE
221 EL VEDADO ROAD
PALM BEACH FL 33480

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

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CLOUD, MARJORIE
221 EL VEDADO ROAD
PALM BEACH FL 33480

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000003342730--3
-08/01/00-01091-008
******541.25 ****541.25**

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X**

SIGNATURE REQUIRED

Marjorie Cloud, General Partner

Marjorie Cloud 7-21-2000
Date Daytime Phone #

CR2E003 (5/00)

MacKendree & Company, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

RONALD O. MacKENDREE, C.P.A.
JAIME MAYA, C.P.A.

6701 SUNSET DRIVE
SUITE #101
MIAMI, FLORIDA 33143
(305) 666-9613
(305) 669-9613 (FAX)

TO: Cloud Enterprises, Ltd.

DATE: 7/19/00

INSTRUCTIONS FOR FILING THE ATTACHED TAX RETURN (ONLY THOSE ITEMS MARKED WITH AN X APPLY)

RETURN ENCLOSED	FORM # <u>2000 Uniform Business Report</u>	YEAR <u>2000</u> F.Y.E. _____
TO BE SIGNED AND DATED BY	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Taxpayer and Spouse <input type="checkbox"/> _____ <input checked="" type="checkbox"/> An Officer <input checked="" type="checkbox"/> Any Partner <input type="checkbox"/> Affix Corporate Seal <input type="checkbox"/> Notarization Necessary (Please sign and date where "X" appears. Also sign and date retained copy for record purposes.)	
AMOUNT OF TAX	<input type="checkbox"/> This is an estimated return, with installments due, as follows: With Return Due on: _____ 19__ \$ _____ _____ 19__ \$ _____ _____ 19__ \$ _____ _____ 19__ \$ _____ <input checked="" type="checkbox"/> This is a year-end return. Tax due \$ <u>541.25</u> <input type="checkbox"/> This is a quarterly return. Tax due \$ _____	
MAKE CHECK PAYABLE TO	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input checked="" type="checkbox"/> <u>Florida Department of State</u> <input type="checkbox"/> Your authorized commercial bank depository or Federal Reserve Bank. Deposit check with bank before due date, accompanied by Form 8109. (The IRS requests that your social security number be shown on the check).	
<input type="checkbox"/> MAIL RETURN ONLY, TO: <input checked="" type="checkbox"/> MAIL RETURN AND CHECK, TO:	<input type="checkbox"/> INTERNAL REVENUE SERVICE Atlanta, GA. 39901 <input type="checkbox"/> INTERNAL REVENUE SERVICE P.O. Box #970004 St. Louis, MO 63197-0004 <input checked="" type="checkbox"/> <u>DIVISION of Corporations</u> <u>Registration Section</u> <u>P.O. Box # 6327</u> <u>Tallahassee, FL 32314</u>	
DUE DATE	<u>As soon as Possible</u>	
OVER- PAYMENT	Your return shows an overpayment of \$ _____ We have indicated on the return that such amount <input type="checkbox"/> \$ _____ will be applied against your estimated tax for _____ <input type="checkbox"/> \$ _____ is to be refunded to you automatically.	
REMARKS		