

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331343

1. Entity Name

CLARIDGE HOUSE, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90004 024 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US	C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US

Principal Place of Business	Mailing Address
C/O PACIFIC R E MGMT CORP 2600 DOUGLAS ROAD	C/O PACIFIC R E MGMT CORP 2600 DOUGLAS ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
1004	1004

City & State	City & State
CORAL GABLES, FL.	CORAL GABLES, FL.

Zip	Country	Zip	Country
33134	US	33134	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-2617356	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE, SUITE #900 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 \_\_\_\_\_  
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. (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	VP SCHULTHEIS, THEODORE 2490 CORAL WAY #405 MIAMI FL	TITLE	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPTD ISAIAS, ESTEFANO 2800 PONCE DE LEON BLVD. CORAL GABLES FL	TITLE	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PSD ISAIAS, ROBERTO 2800 PONCE DE LEON BLVD. CORAL GABLES FL	TITLE	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD ISAIAS, WILLIAM 2800 PONCE DE LEON BLVD. CORAL GABLES FL	TITLE	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ ROBERTO ISAIAS 1-21-00 305-529-2488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #