

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 525176

1. Entity Name

CLIFFORD ENTERPRISES, INC.

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

01-19-2000 90312 006 ***150.00

Principal Place of Business

Mailing Address

2773 S OCEAN BLVD
#514
PALM BEACH FL 33480

2773 S OCEAN BLVD
#514
PALM BEACH FL 33480-5561

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

59-1717278

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

SHAPIRO, CLIFFORD
2773 S OCEAN BLVD #514
PALM BCH 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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAPIRO, CLIFFORD	
STREET ADDRESS	2773 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, MARCIA	
STREET ADDRESS	2773 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN	
STREET ADDRESS	228 CLAYTON RD	
CITY-ST-ZIP	SCARSDALE, NY 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, DONALD	
STREET ADDRESS	5624 QUEEN MARY RD.	
CITY-ST-ZIP	HAMPSTEAD, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, FRANCES	
STREET ADDRESS	6504 MERTON ROAD	
CITY-ST-ZIP	COTE ST LUC, CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 #

1/12/00 561-588-8030

CR2E034 (9/99)