## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 693712

1. Entity Name

**CLOVER FINANCE CORPORATION** 



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90123 026 \*\*\*150.00

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Principal Place of Business 3837 S.W. 8TH ST. CORAL GABLES FL 33134				Mailing Address 3837 S.W. 8TH ST. CORAL GABLES FL 33134				4 (BB)   8    10   10    10	NEN BIBLE EN	ON BIBNI BUBIL Q	4 <b>1</b> .4 <b>1</b> 1111.41154		
Principal Place of Business						<del></del>	2						
2. This part lade of gadinood													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. 1	FEI Number 59-2104138	Indi Applicable				
Zìp	Country				Count	ry		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						
CODIANO DENNIO							Name •						
SORIANO, DENNIS					Street Address (P.O. Box Number is Not Acceptable)								
3837 S.W. 8TH ST. CORAL GABLES FL 33134											•	1	
CORAL GABLES PL 33134										T 75- 0-4		-	
						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. I am familiar with, and accept the obligations of registered agent.												
the obligati	ions or regist	ered agent.											
SIGNATURE	Sicceture byped	or printed name of registe	red agent and title if an	nlicable (NOT	F. Registered	Agent signature red	uired when re	ainstating)	DATE				
				1		rrigerii digrizzato toc	10.00			-		+	
FILE-NOWIII-FEE-IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							<del></del>	<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>	ncing [		00 May Be d to Fees		
10.		OFFICER	S AND DIRECTO	DRS	11.		AD	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	1	
TITLE	PD	_	. 150	☐ Delete	TITLE		•			☐ Change	☐ Addition	] {	
NAME	SORIANO,				NAME	ET ADDRESS						;	
STREET ADDRESS 3837 S.W. 8TH ST. CITY-ST-ZIP CORAL GABLES FL				CITY								3	
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STREET ADDRESS CITY-ST-ZIP						ST-ZIP							
	ertify that the	information supp	ied with this filing	does not qualify fo			n Section	119.07(3)(i), Florida Statutes. I f	urther cer	tify that the i	nformation	1	
indicated	on this repor	t or supplemental	report is true and	accurate and that r	nv signat	ure shall have	the same	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa	th; that I a	ım an officer	or director	1	

2. 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 10 or Block 11 if changed, or on an attachment with an address, with his other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2

(305) 446-715