UNIFORM BUSINESS REPORT (UBR) DCUMENT # A0100000180

DOCUMENT #

1. Entity Name CLEARWATER PARK, LTD.



Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145

2. Principal Place of Business

Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145

3. Mailing Address

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 APR 18 AM 8: 16

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003						
City & State		City & State	City & State		4. FEI Number 65-1075841		Applied For Not Applicable			
Zip		Country	Zip	Count	ry	5Certificate of Status Desired \$8.75 Fee Rec		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New Registered A	gent		
					Name					
HERNANDEZ, ANGEL A			}	Street Address (P.O. Box Number is Not Acceptable)						
2828 CORAL WAY, PENTHOUSE SUITE				ļ	Otteet Address (1.0. dox Natifice is Not Acceptable)					
miami Fl	33145									
					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.										
SIGNATURE	<u> </u>		and side of annulinabile				DATE			
Capital Co	SINATURE Signature, typed or printed name of registered agent and title if applicable. Capital Contributions \$999.00 10. Amount of Capital Codas Shown on record.									
as Shown on record. 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.	NOTE	GENERAL PARTNER		13.			ADDRESS CHANGES ONL			
DOCUMENT #	P0100001			CTDEE	T ADDRESS					
NAME CLEARWATER PARK, INC.			·	ACET ADUNESS						
STREET ADDRESS CITY-ST-ZIP	2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145			CITY-	ST-ZIP					
DOCUMENT # NAME				STREE	T ADDRESS	200016323202				
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14. I hereby o	Lertify that the	e information supplied with	this filing does not qualify f	for the exen	nption stated in	Section 119.07(3)(i),	Florida Statutes. I further certi	fy that the information		

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Daytime Phone #