

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000714

1. Entity Name

CLARA ERECTION CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90102 003 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 920 KILSYTH RD ELIZABETH NJ 07208	Mailing Address 920 KILSYTH RD ELIZABETH NJ 07208-3508
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 22-2326332	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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

PRESTON, RONALD
4301 COLLINS AVE #308
MIAMI BCH FL 33140

7. Name and Address of New Registered Agent

Name **RONALD PRESTON**
Street Address (P.O. Box Number is Not Acceptable) **SAME**
~~PRESTON, RONALD~~
City ~~MIAMI~~ **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTEAGUDO, CLARA	
STREET ADDRESS	920 KILSYTH RD	
CITY-ST-ZIP	ELIZABETH NJ 07208	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRESTON, JOHANY M	
STREET ADDRESS	200 E 24 ST	
CITY-ST-ZIP	NY NY 10010	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRESTON, RONALD	
STREET ADDRESS	920 KILSYTH RD	
CITY-ST-ZIP	ELIZABETH NJ 07208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(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, without other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/29/00** Daytime Phone #: **908 355-7963**

CR2E034 (9/99)