

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90171 033 ***150.00

0812913 AT

DOCUMENT # F97000000714

1. Entity Name
CLARA ERECTION CORPORATION

Principal Place of Business Mailing Address

~~620 KILSYTH RD~~ ~~620 KILSYTH RD~~
~~ELIZABETH NJ 07208~~ ~~ELIZABETH NJ 07208~~



2. Principal Place of Business 3. Mailing Address

4301 COLLINS AVENUE **4301 COLLINS AVENUE**
 Suite, Apt. #, etc. **308** Suite, Apt. #, etc. **308**

DO NOT WRITE IN THIS SPACE

City & State City & State

MIAMI BEACH, FL. **MIAMI BEACH, FL.**

Zip **33140** Country **DADE** Zip **33140** Country **DADE**

4. FEI Number Applied For

22-2326332 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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 DATE **JAN-22 2002**

Signature, typed or printed name of registered agent and fee 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MONTEAGUDO, CLARA	620 KILSYTH RD	ELIZABETH NJ 07208	<input type="checkbox"/>
V	PRESTON, JOHANY M	200 E 24 ST	NY NY 10010	<input type="checkbox"/>
S	PRESTON, RONALD	620 KILSYTH RD	ELIZABETH NJ 07208	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4301 COLLINS AVENUE	MIAMI BEACH, FL. 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4301 COLLINS AVENUE	MIAMI BEACH, FL. 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4301 COLLINS AVENUE	MIAMI BEACH, FL. 33140	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DATE: **RONALD PRESTON 01.22.02** Daytime Phone #: **305 672 1078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)