

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**  
 04-14-2000 90094 022 \*\*\*150.00

<b>DOCUMENT # J70586</b> 1. Entity Name <b>C.L.L. DEVELOPMENT, INC.</b>																																																																																																							
Principal Place of Business <b>129 NW 43 ST</b> <b>BOCA RATON FL 33431</b> <b>US</b>		Mailing Address <b>129 NW 43 ST</b> <b>BOCA RATON FL 33431-4254</b> <b>US</b>																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
4. FEI Number <b>59-2803992</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																					
6. Name and Address of Current Registered Agent <b>RICHMAN, MARTIN</b> <b>129 NW 43 ST</b> <b>BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																																					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>C.L.L. DEVELOPMENT INC.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>129 NW 43 ST</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33431</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>RICHMAN, MARTIN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>129 NW 43 ST</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33431</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	C.L.L. DEVELOPMENT INC.	NAME		STREET ADDRESS	129 NW 43 ST	STREET ADDRESS		CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP		TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	RICHMAN, MARTIN	NAME		STREET ADDRESS	129 NW 43 ST	STREET ADDRESS		CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 507, 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.																																																																																																							
<b>SIGNATURE: MARTIN RICHMAN</b> <i>Martin Richman Pres 4/6/00 561/3380585</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							



CR2E034 (9/99)