

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014486

1. Entity Name

CLAMENS FAMILY ENTERPRISE, LLC

Principal Place of Business

9280 KETAY CIRCLE  
BOCA RATON FL 33428

Mailing Address

9280 KETAY CIRCLE  
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HCRM CORP.

2200 CORPORATE BLVD., N.W., SUITE 401  
BOCA RATON FL 33431

Name

WINFIELD C. CLAMENS SR.

Street Address (P.O. Box Number is Not Acceptable)

9280 KETAY CIRCLE

City

BOCA RATON

FL

Zip Code

33428

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

Signature, typed or printed name of registered agent and title if applicable.

WINFIELD C. CLAMENS, SR.

(NOTE: Registered Agent signature required when reinstating)

02/09/01

DATE

FILE NOW!!!-FEE IS \$50.00-  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT & CHAIRMAN OF THE BOARD ☐ Delete  
NAME WINFIELD C. CLAMENS SR  
STREET ADDRESS 9280 KETAY CIRCLE  
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

TITLE VICE PRESIDENT ☐ Delete  
NAME ANN CLAMENS  
STREET ADDRESS 9280 KETAY CIRCLE  
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

TITLE SECRETARY ☐ Delete  
NAME WINFIELD C. CLAMENS, JR.,  
STREET ADDRESS 20950-C VIA OLEANDER  
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

TITLE TREASURER ☐ Delete  
NAME JOHNATHAN CLAMENS  
STREET ADDRESS 9280 KETAY CIRCLE  
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

TITLE OFFICER ☐ Delete  
NAME MICHELLE CLAMENS  
STREET ADDRESS 6071 TOWN COLONY DR. Apt 921  
CITY-ST-ZIP BOCA RATON, FLORIDA 33433

TITLE OFFICER ☐ Delete  
NAME SARA CLAMENS  
STREET ADDRESS 9280 KETAY CIRCLE  
CITY-ST-ZIP BOCA RATON, FLORIDA 33428

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WINFIELD C. CLAMENS, SR. 02/09/01

Date

Daytime Phone #

561-883-3134

APPROVED  
AND  
FILED

01 MAY 14 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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