

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90389 048 ****50.00

DOCUMENT # L01000008649

1. Entity Name

CLOVER INVESTMENTS, LLC.

Principal Place of Business

**520 BRICKELL KEY DR
 SUITE 0-305
 MIAMI FL**

Mailing Address

**520 BRICKELL KEY DR
 SUITE 0-305
 MIAMI FL**

2. Principal Place of Business

2246 WESTON RD

3. Mailing Address

2246 WESTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-113.2334

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION INC
 520 BRICKELL KEY DR
 SUITE 0-305
 MIAMI FL**

7. Name and Address of New Registered Agent

Name
TRANSGLOBAL CORPORATE ADMINISTRATION INC.
 Street Address (P.O. Box Number is Not Acceptable)
2246 WESTON ROAD, WESTON, FL 33326
 City **WESTON** **FL** Zip Code **33326**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
 NAME
PUPU, ROBERT A
 STREET ADDRESS
520 BRICKELL KEY DR SUITE 0-305
 CITY-ST-ZIP
MIAMI FL

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGRM
 NAME
PUPU, ROBERT A
 STREET ADDRESS
2246 WESTON ROAD
 CITY-ST-ZIP
WESTON, FL - 33326

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
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☐ Change

☐ Addition

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 REQUIRED

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

04/26/2002 9543891564

Date

Daytime Phone #

CR2E083 (9/01)