

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-27-2003 90076 037 \*\*\*550.00

0052430 AV

**DOCUMENT #** L70760

1. Entity Name  
CRA - CLARKE, INC.



Principal Place of Business  
~~7400 N KENDAL DRIVE~~ **8603 SOUTH DIXIE HWY**  
~~STE 612~~  
MIAMI FL ~~33319~~ **33143 STE 308**  
US

Mailing Address  
7400 N KENDAL DRIVE **8603 SO. DIXIE HWY**  
~~STE 612~~ **SUITE 308**  
MIAMI FL ~~33319~~ **33143**  
US



2. Principal Place of Business  
**8603 SO DIXIE HWY**  
Suite, Apt. #, etc.  
**STE 308**

3. Mailing Address  
**8603 SO DIXIE HWY**  
Suite, Apt. #, etc.  
**STE 308**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-0193160**

Applied For  
 Not Applicable

Zip **33143** Country **USA**

Zip **33143** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIFF, ANDREW L., P.A.**  
**135 W CENTRAL BLVD**  
**PO BOX 1059**  
**ORLANDO FL 32802-1059**

Name  
**LUNDY CLARKE**

Street Address (P.O. Box Number is Not Acceptable)  
**8603 SOUTH DIXIE HWY**

**STE 308**

City **MIAMI** FL Zip Code **33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP REIFF, JOSEPH G. 19701 NE 21 ST. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLARKE, LUNDY 7700 PONCE DE LEON RD. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **AXG 25 2003 (315) 6666-7477**

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

CR2E034 (4/03)