

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/18/01

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90027 044 \*\*\*150.00

**DOCUMENT # M31058**

1. Entity Name

**CLEM, INC.**

Principal Place of Business

Mailing Address

**CLEM INC.**  
**PO BOX 1705**  
**HALLANDALE FL 33008-1705**  
**US**

2. Principal Place of Business

**INVESTOR ONLY**

3. Mailing Address

**CLEM, INC.**  
**PO BOX 1705**  
**Hallandale, Fla 33008-1705**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2663742**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLEMENS, SIMON F**  
**3640 YACHT CLUB DR**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **DIANA C. ROSS**

Street Address (P.O. Box, Member's Home, etc.) **5200 N.E. 14TH WAY UNIT 303**

City **FORT LAUDERDALE FL 33334**

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

**1/29/01**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CLEMENS, SIMON F	
STREET ADDRESS	3640 YACHT CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, DIANA C	
STREET ADDRESS	5200 N.E. 14TH WAY, UNIT 303	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, LOLA	
STREET ADDRESS	3640 YACHT CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Simon Clemens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 JAN - 9 2001**

Date

**(954) 945-5106**

Office Phone #

CR2E034 (10/00)