## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # M76162** 1. Entity Name CLARK INVESTMENT GROUP, INC. 04-03-2001 90093 015 \*\*\*150.00 Principal Place of Business Mailing Address C/O ROGER A BRIDGES 5757 N.W. 11TH STREET 334 MINORCA AVE. STE 200 SUITE #160 C0040936 CORAL GABLES FL 33134 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address KENDOU DA DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Country Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROCHETEAU, RALPH E 5757 N.W. 11TH STREET **SUITE #160** MIAMI FL 33126 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subnted name of registered agent as FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE DP ☐ Delete TITLE CLARK, RICHARD W, SR NAME NAME STREET ADDRESS STREET ADDRESS 5757 N.W. 11TH ST., SUITE #160 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME CLARK, DIANE L STREET ADDRESS STREET ADDRESS 5757 N.W. 11TH ST., SUITE #160 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE NAME CLARK, RICHARD W. JR NAME STREET ADDRESS STREET ADDRESS ·5757-N.W:-11TH-ST.;-SUITE-#160-CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete DITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118:07(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 samp legal effect as if made under path; 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 parse appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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NAME . STREET ADDRESS

7/29/0, Wy 642 988

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