2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008016

Entity Name: CLAUDE VERT AND ERIENDS INC

6040 SUNBERRY CIRCLE

BOYNTON BEACH, FL 33437

Address:

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

Entity Nai	me: CLAUDE	VERT AND FRIENDS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	BERRY CIRCL NBEACH, FL 3				
Current Mailing Address:			New Mailing Address:		
	BERRY CIRCL NBEACH, FL 3				
FEI Number: 31-1814272 FEI Number Appl		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
6040 SUN BOYNTON The above	MATTHEW W BERRY CIRCL N BEACH, FL 3	3437	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT () GREENE, MATT 6040 SUNBERF BOYNTON BEA	Y CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () ANNINOS, MAR 6040 SUNBERF BOYNTON BEA	Y CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () PLUCINSKI, VO	Delete YTEK	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATTHEW W GREENE DPT 04/30/2003