

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

DOCUMENT # P 00000023964

1. Entity Name

CLERMONT INVEST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

941 FOURTH STREET #200M

Suite, Apt. #, etc.

3. Mailing Address

941 FOURTH STREET #200M

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL

Zip 33139

Country
USA

City & State
MIAMI BEACH, FL

Zip 33139

Country
USA

4. FEI Number

54-2030915

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable)

941 FOURTH STREET, #200M

City MIAMI BEACH

FL

Zip Code 33139

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IN THIS SPACE**

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] JAN PISKLA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PISKLA JAN
941 FOURTH STREET, #200M
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500006449765--9
-07/16/02--01052--024
*****140.00 *****140.00

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] JAN PISKLA - DIRECTOR 04/05/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

+421 903 433928

FILED

02 JUL 15 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)