

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 06, 2001 8:00 am  
Secretary of State

08-06-2001 90006 014 \*\*\*150.00

011498 AT

DOCUMENT # P00000096789

1. Entity Name

CLEVER CONTRACTOR INC.

1A

Principal Place of Business

P.O. BOX 551678  
ORLANDO FL 32855

Mailing Address

P.O. BOX 551678  
ORLANDO FL 32855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 551678

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551678

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32855

Country

USA

Zip

Country

USA

4. FEI Number

59-2675037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PABLO CPA  
310 1/2 S. BUMBY  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: Rodriguez, Pablo CPA  
Street Address (P.O. Box Number is Not Acceptable): 310 1/2 S. Bumby  
City: Orlando FL Zip Code: 32803

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEGARRA, CLEVER P.O. BOX 551678 ORLANDO FL 32855	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABRERA, ANA M P.O. BOX 551678 ORLANDO FL 32855	<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

12. 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

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:

(Signature of Ana M. Cabrera)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

407-487-9800

(10) CR2E034 (5/01)

Attachment

Dr. # 00000096789  
B0001038



CLEVER CONDTRACTOR, INC.  
P.O. BOX 551678  
ORLANDO, FL 32855

JULY 20,2001

Attn: Dept. of State

Dear Sir/Madam:

I am writing in concern to this application(2001 uniform business report) enclosed. This is the first time I receive this notice. It states that we are about to be revoked. I don't understand the purpose nor the reason. I have called and have spoken with a representative in your department. She recommended that I write a letter toward my concern. I don't feel paying \$550 justifies being as though I have never came across this form in the mail before. Please check your records on your mailing list.

I have only enclosed \$150.00 which should be the rightful amount to pay. I do apologize for any inconveniences and do hope that this matter will be taken care of. I believe that a person in their right mind would not wait this amount of time to pay 4 times what it's worth.

Thank you for your attention.

Sincerely,

A handwritten signature in cursive script that reads "Ana M. Cabrera".

Ana M. Cabrera  
Vice President