2001 UNIFORM BUSINESS REPORT (UBR)

02-15-2001 90053 004 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 31 PM 12: 32

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DOCUMENT # P00000099486

1. Entity Name

CLAVIJO INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
6501 WINFIELD BLVD., APT. A-20 MARGATE FL 33063	6501 WINFIELD BLVD., APT. A-20 MARGATE FL 33063

CLAVIJ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
CLAVIJO INTERNATIONAL GROUP, INC		6501 WINFIELD BLVD APT A-20	
Suite, Apt. #, etc. APT A-20		Suite, Apt. #, etc. APT A-20	
City & State MARGATE FL 3		City & State FLORIDA	
Zip 33063	Country E.E.U.U	Zip 33063	Country U.S.A.

4. FEI Number 65-1116980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, ELIO EDUARDO C 6501 WINFIELD BLVD., APT. A-20 MARGATE FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER ELIO EDUARDO CLAVIJO MORALES 6501 WINFIELD BLVD. APT. A-20 MARGATE FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #