

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90345 016 \*\*\*150.00

**DOCUMENT # P00000102036**

1. Entity Name  
**CLS INVESTMENTS AND HOLDINGS, INC.**

**658985**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1800 MIAMI ROAD, UNIT 2**      **1800 MIAMI ROAD, UNIT 2**  
**FT. LAUDERDALE FL 33316**      **FT. LAUDERDALE FL 33316**

2. Principal Place of Business      3. Mailing Address  
**941 NE 19<sup>th</sup> AVENUE**      **PO BOX 460693**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FT. Lauderdale, FL.**      **FT. Lauderdale FL**

Zip      Country      Zip      Country  
**33304**      **USA**      **33346**      **USA**

4. FEI Number      Applied For  
**65-1051456**      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**

**CASH, CHRISTOPHER B**  
**1800 MIAMI ROAD, UNIT 2**  
**FT. LAUDERDALE FL 33316**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**941 NE 19<sup>th</sup> AVENUE suite 213**  
 City      State      Zip Code  
**Fort Lauderdale**      **FL**      **33304**

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 **CHRISTOPHER B. Cash Pres.**      DATE **April 2nd, 2001**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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	PS	<input type="checkbox"/> Delete
NAME	<b>CASH, CHRISTOPHER B</b>	
STREET ADDRESS	<b>1800 MIAMI ROAD, UNIT 2</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	<b>STEIN, LARRY P</b>	
STREET ADDRESS	<b>1800 MIAMI ROAD, UNIT 2</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cash, CHRISTOPHER B</b>	
STREET ADDRESS	<b>213-941 NE 19<sup>th</sup> AVENUE</b>	
CITY-ST-ZIP	<b>FT. Lauderdale Florida 33304</b>	
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN LARRY P</b>	
STREET ADDRESS	<b>213-941 NE 19<sup>th</sup> AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33304</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **CHRISTOPHER B. Cash Pres.**      DATE **April 2nd/2001**      DAYTIME PHONE # **(954) 761-1844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)