

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90164 011 ***158.75

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DOCUMENT # P00000104379

1. Entity Name
ST. CLAIR INTERNATIONAL, INC.



Principal Place of Business
**2520 NW 16TH LANE BLDG 7
POMPANO BEACH FL 33064**

Mailing Address
**2520 NW 16TH LANE BLDG 7
POMPANO BEACH FL 33064**



2. Principal Place of Business
1101 Holland Drive

3. Mailing Address
1101 Holland Drive

Suite, Apt. #, etc.
#7

Suite, Apt. #, etc.
#7

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number
65-1067219

Applied For
☐ Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

**BLACK, RENNY
2520 NORTHWEST 16TH LANE #7
POMPANO BEACH FL 33064**

Name
Street Address (P.O. Box Number is Not Acceptable)
1101 Holland Drive

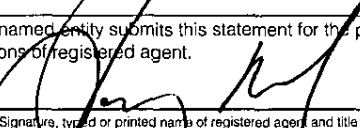
#7

City
BOCA RATON

FL

Zip Code
33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLACK, RENNY**
STREET ADDRESS **4742 NW 100TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☒ Change ☐ Addition
NAME **1101 Holland Drive #7**
STREET ADDRESS **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
NAME **BLACK, CLAIRE**
STREET ADDRESS **4742 NW 100TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☒ Change ☐ Addition
NAME **1101 Holland Drive #7**
STREET ADDRESS **BOCA RATON FL 33487**

TITLE ☐ Delete
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

DATE

561-865-0996

DAYTIME PHONE #

CR2E034 (10/02)