

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90139 033 ***150.00

0067317

DOCUMENT # P00000105870

1. Entity Name

CLEVER GROUP, INC.

Principal Place of Business

**1319 FLORIDA MALL AVE
 ORLANDO FL 32809**

Mailing Address

**1319 FLORIDA MALL AVE
 ORLANDO FL 32809**

00031168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

120

3. Mailing Address

7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

120

City & State

ORLANDO FLORIDA

City & State

ORLANDO - FLORIDA

4. FEI Number

59-3681067

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

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

**CUEVAS, ANDREW-ESQ
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

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 **D** ☐ Delete
 NAME **GONCALVES, JOSEMIGUEL**
 STREET ADDRESS **1319 FLORIDA MALL AVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☒ Change ☐ Addition
 NAME **GONCALVES JOSE MIGUEL**
 STREET ADDRESS **7041 GRAND NATIONAL DR SUITE 120**
 CITY-ST-ZIP **ORLANDO FLORIDA 32819**

TITLE **PVST** ☐ Delete
 NAME **GONCALVES, JOSEMIGUEL**
 STREET ADDRESS **1319 FLORIDA MALL AVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **PVST** ☒ Change ☐ Addition
 NAME **GONCALVES JOSE MIGUEL**
 STREET ADDRESS **7041 GRAND NATIONAL DR. SUITE 120**
 CITY-ST-ZIP **ORLANDO - FLORIDA 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01

Date

(407) 251-8379

Daytime Phone #

CR2E034 (10/00)