

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 019 ***150.00

DOCUMENT # P00000105870
1. Entity Name
CLEVER GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1005 W. OAKRIDGE Rd. Mailing Address
1005 W OAKRIDGE Rd.
Suite, Apt. #, etc.
SUITE # 1 Suite, Apt. #, etc.
SUITE # 1
City & State
ORLANDO FLORIDA City & State
ORLANDO FLORIDA
Zip
32809 Country
U.S.A Zip
32809 Country
U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number
593681067 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>D GONCALVES, JOSE MIGUEL 1005 W. OAKRIDGE Rd # 1 ORLANDO FLORIDA 32809</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: JOSE M. GONCALVES Date 04-22-02 Daytime Phone # (407)3415537

CR2E034B (12/01)