

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90070 030 ***150.00

DOCUMENT # P00000111621

1. Entity Name

CLV PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**9183 NW 117TH TERR
HIALEAH GARDENS FL 33018****9183 NW 117TH TERR
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**VALDES, MANUEL A
9183 NW 117TH TERR
HIALEAH GARDENS FL 33018**

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: *Blanca Camacho*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *4/29/01*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 State10. 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	<input type="checkbox"/> Delete
NAME	VALDES, MANUEL A	
STREET ADDRESS	9183 NW 117TH TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMACHO, BLANCA C	
STREET ADDRESS	9183 NW 117TH TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMACHO, MIGUEL I	
STREET ADDRESS	9183 NW 117TH TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, MANUEL M	
STREET ADDRESS	9183 NW 117TH TERR	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Blanca Camacho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 305 822-7861

CR2E034 (10/00)