2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000022109

Entity Name: CLEVER CLAIM, INC.

Current Principal Place of Business:

515 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

19500 TURNBERRY WAY
SUITE PH AB
AVENTURA, FL 33180

Current Mailing Address:

515 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33301

New Mailing Address:

19500 TURNBERRY WAY
SUITE PH AB
AVENTURA, FL 33180

FEI Number: 65-1120036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDEN, RICHARD A
12000 BISCAYNE BLVD SUITE 500
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SALM, RAINER
Address: 515 NORTH VICTORIA PARK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SALM, RAINER
Address: 19500 TURNBERRY WAY
City-St-Zip: AVENTURA, FL 33180

Title: SD ( ) Change (X) Addition
Name: CAPLAN, BETH ALYCE
Address: 252 POINCIANA DR.
City-St-Zip: MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH CAPLAN SD 04/10/2002

Electronic Signature of Signing Officer or Director Date