

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90081 020 ***150.00

DOCUMENT # P01000038540

1. Entity Name

CLEAR AND CARE CORPORATION

Principal Place of Business

**C/O GUILLONE FIGUET
 3420 BANKS ROAD, SUITE 202
 MARGATE FL 33063**

Mailing Address

**C/O GUILLONE FIGUET
 3420 BANKS ROAD, SUITE 202
 MARGATE FL 33063**

2. Principal Place of Business

140 N.E. 28TH AVE

3. Mailing Address

140 N.E. 28TH AVE

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

POMPANO BEACH FLORIDA

City & State

POMPANO BEACH FLORIDA

Zip

33062

Country

U.S.

Zip

33062

Country

U.S.

4. FEI Number

65-111 4480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FIGUET, GILLONE

3420 BNKS ROAD

SUITE 202

MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

CHAMBERLAND GILLES

Street Address (P.O. Box Number is Not Acceptable)

140 N.E. 28TH AVE # 504

City

POMPANO BEACH

FL

Zip Code

33062

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

05-15-02

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, 2002 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

TITLE **D** ☒ Delete
 NAME **KLINE, CHARLES JR.**
 STREET ADDRESS **3641 WEST HILLSBORO BLVD.**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☒ Delete
 NAME **FIGUET, GILLONE**
 STREET ADDRESS **3240 BANKS ROAD, SUITE 202**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **GILLES CHAMBERLAND**
 STREET ADDRESS **140 N.E. 28TH AVE # 504**
 CITY-ST-ZIP **POMPANO BEACH FLORIDA 33062 U.S.**

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

TITLE ☐ Change ☐ Addition
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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: **GILLES CHAMBERLAND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15TH 2002 954-5927414
 Date Daytime Phone #

CR2E034 (9/01)