P01000087170

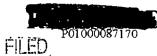
## -2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000087170 **DOCUMENT #** 1. Entity Name CLEMEN INVESTMENTS, INC.

Principal Place of Business

6361 S.W. 85TH STREET

Mailing Address 6361 S.W. 85TH STREET



03 OCT -3 PM 2:21

SECRETARY OF STATE FALLAHASSEE FLORIDA

ეკიკიაა

Miami FL 33	143		MIAMI FL	MIAMI FL 33143  3. Mailing Address									
2. Principal F	Place of Busin	ess.	3. Mailing					E LEATER DE EN EGIES ENDIT AGIS	<b>i Du</b> ell <b>Hu</b> sel	<b>(0146</b> 10111 5600)	!IDIA 13401	)) <b>10</b> 84 /801	
Suite, Apt.	#, etc.	~	Suite, Ap	Suite, Apt. #, etc.					E-IF-MAK	(I <del>NG:</del> CHANG	ES		
City & Stat	e	<del></del>	City & St	City & State			4. F	El Number 65-11423	08		Applie	ed For	]
Zip		Country	Zip	Zip Count		γ				8.75 Additional			
<del></del> -	6. Name	and Address of Curr	nt Registered Ag		<del></del> _	7. N	ame and Address of New	Register	ed Agent			7	
MICELI, JOSE						Name							
6361 S.W	/. 85TH STF	REET		Street Addr			ess (P.O. Box Number is Not Acceptable)						
MIAM) FL	. 33143												
						City				FL Zip C	;ode		}
8. The above the obligat	named entity ions of regist	v submits this statemer ered agent.	t for the purpose of	of changing its re	gistered	d office or registe	ered age	ent, or both, in the State of	Florida. I	am familiar w	ith, and	i accept	]
SIGNATURE .	Signature, typed	or printed name of registered as	ent and title if applicable	. (NOTE: F	Registered	Agent signature require	id when rei	nstating)	DA	TE .			
After Se	ptember 10,	FEE IS \$550.00 . 2003 Fee will be \$7 Florida Departmen	50.00	1		<del>-700</del> - €-	<u>-</u> ·	9. Election Campaign I Trust Fund Contribut			5.00 M		1
10.	•••••	OFFICERS A	ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	11.		ADI	DITIONS/CHANGES TO O	FICERS A	AND DIRECTO	ORS IN	111	1
TITLE NAME	PD RIVADENE	) Vadeneira, alberto		☐ Delete	TITLE NAME			Harrier Acus E Comp State of a con-		Chang		Addition	100
STREET ADDRESS CITY-ST-ZIP	ADDRESS 6361 S.W. 85TH STREET					ADDRESS ST-ZIP		<b>500</b> 0E 10/09/030:	023	ექენა ეე9 **	k550	.00	
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE					☐ Chang	re C	Addition	7
NAME :					NAME	4000000			**				ľ
STREET ADDRESS   City-St-Zip					CITY-S	ADDRESS ST-ZIP							1
TITLE .		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE			<del></del>	<del></del>	Chang	pe [	Addition	1
NAME					NAME								{
STREET ADDRESS						ADDRESS							ļ
CITY-ST-ZIP Title	·	<del></del>		□ D-1-4-	CITY-S	11-217	<del></del>	_ <del></del>	<u> </u>			Addition	1
NAME				☐ Delete	NAME		•		•	☐ Chang	е _	J AUGIUEII	ĺ
street address*				and the same	STREET	ADDRESS ~ ~	تتريكيشك		4	سمهم سف بده			
CITY-ST-ZIP				···········	CITY-S	T-ZIP							
ITILE			!	☐ Delete	TITLE			•		☐ Chang		Addition	
name Street address					name Street	ADDRESS						•	
CITY-ST-ZIP					CMY-S	1		•	14 ,				
TITLE		<del></del>		☐ Delete	TITLE	<del></del>				☐ Chang	e [	Addition	1
YAME	ı		•		NAME								
STREET ADDRESS. CITY-ST-ZIP					STREET CITY-S	ADDRESS T-ZIP						ı	

12. I hereby certify that the information supplied with this filling 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 trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: