04-28-2003 91291 037 ***150.00
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03 MAY -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009640

1. Entity Name

CLOVERIS ART CORP.

DO NOT WRITE IN THIS SPACE

11023614

2. Principal Place of Business	3. Mailing Address
1930 NW 29ST	P.O. Box 100914
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OAKLAND PARK, FL	City & State: FT LAUD. FL
Zip: 33311 Country: USA	Zip: 33310 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-2993035 ☐ 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: J.L. CATENA

Street Address (P.O. Box Number is Not Acceptable): 6121 NW 28 WAY

City: Ft Laud FL Zip Code: 33309

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.L. CATENA 6121 NW 28 WAY FT LAUD. FL 33309
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, and all other like empowered.

SIGNATURE: _____ PRESIDENT 4-25-03 954-777-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #