FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70042217

DOCUMENT # P02000037780

1. Entity Name
CLERI ENTERPRISES INC.

Principal Place of Business	Mailing Address
815 SW 119TH WAY DAVIE, FL 33325 FL	815 SW 119TH WAY DAVIE, FL 33325 FL

2. Principal Place of Business: 1900 S.W. Coconut Dr.
Suite, Apt. #, etc.
City & State: FT. Lauderdale, FL. 33315
Zip: 33315 Country: Broward

3. Mailing Address: 1900 S.W. Coconut Drive
Suite, Apt. #, etc.
City & State: FT. Laud. FL.
Zip: 33315 Country: Broward

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 300057655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLERI, ANTHONY B
815 SW 119TH WAY
DAVIE, FL 33325

7. Name and Address of New Registered Agent
Name: Anthony B. Cleri
Street Address (P.O. Box Number is Not Acceptable): 1900 S.W. Coconut Drive
City: FT. Lauderdale FL Zip Code: 33315

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: [signature] 4-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
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	PV	☐ Delete
NAME	CLERI, ANTHONY B	
STREET ADDRESS	815 SW 119TH WAY	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	T	☐ Delete
NAME	EDELMAN, JAY L	
STREET ADDRESS	9850 SUNRISE LAKES BLVD APT 209	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #