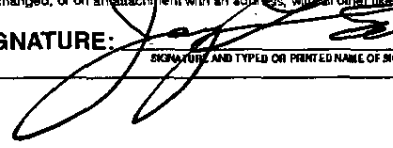


FILED
Apr 16, 2003 8:00 am
Secretary of State

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 815 SW 119TH WAY DAVE, FL 33325 FL		Mailing Address 815 SW 119TH WAY DAVE, FL 33325 FL
2. Principal Place of Business 1900 S.W. COCONUT DR.		3. Mailing Address 1900 S.W. COCONUT DRIVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State FT. LAUDERDALE, FL 33315		City & State FT. LAUDERDALE, FL
Zip 33315		Country Broward
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 DAVE, 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  DATE 4-9-03 (NOTE: Registered Agent's signature required when registering.)		
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	PV CLERI, ANTHONY B 815 SW 119TH WAY DAVE, FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDELMAN, JAY L 9850 SUNRISE LAKES BLVD APT 209 SUNRISE, FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  DATE 4-9-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2003A (10/02)