## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P02000060361

1. Entity Name



CLEOSE, INC. Principal Place of Business Mailing Address UUPJAUU 2130 SUNTRUST INTERNATIONAL CENTER 2130 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address *19*333 COLLINS 9333 COLLINS AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES APT. 2306 2306 City & State Applied For City & State 4. FEI Number ISLES - FLA Not Applicable SUNNY SUNNY Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33160 ~ 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent :-LEUNAKDO SEIDNER COPROLITE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 2130 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE 19333 COLLINS MIAMI FL 33131 City SUNNY ISLES 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., EONARDO SEIDNER - PRESIDENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ✓ Change DIRECTOR Addition Delete TITLE SEIDNER, LEONARDO LEONARDO SEIDNER NAME 19333 COLLINS AVE - APT 2306 ONE SOUTHEAST THIRD AVENUE, SUITE 2130 STREET ADDRESS **MIAMI FL 33131** CITY-ST-7IP ISLES, FLA. 33/60 SUNNY DIRECTOR ☐ Delete TITLE ☐ Change **⋈** Addition CLARA PASTERNAC NAME 19333 COLLINS AVE. - APT. 2306 STREET ADDRESS CITY-ST-ZIP ISLES, FLA. 33/60 TITI F .Change Addition Delete ---NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAMÉ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 s, with all other like empo