

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0200549

DOCUMENT # P92000000777

1. Entity Name
CLA CANADA, INC.

05-16-2001 90125 001 ***900.00

Principal Place of Business C/O UNICAPITAL CORP 10800 BISCAYNE BLVD. STE 800 MIAMI FL 33161 US	Mailing Address C/O UNICAPITAL CORP 10800 BISCAYNE BLVD. STE 800 MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0373551	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent SKYWATCH REGISTERED AGENTS, INC. 10800 BISCAYNE BLVD., LAW DEPT. SUITE 800 MIAMI FL 33161				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, ROBERT J		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW, JONATHAN		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUFF, STUART		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, JEP		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, SAM		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, WAYNE		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A Vorrath David A Vorrath, VP. 5/1/01 305-899-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Exhibit 21.b**Current Partners, Officers, Directors and Shareholders**

CLA Canada, Inc.
FEIN: 65-0373551

NAME OF RECIPIENT AND RELATIONSHIP TO DEBTOR	ADDRESS	CITY	ZIP CODE	TITLE	% OF STOCK OWNED
E. Talbot Briddell c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	President and Sole Director	N/A
Daniel Chait c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	Vice President and Treasurer	N/A
Steven Sherman c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	Vice President	N/A
David Vorrath c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	Vice President	N/A
Martin Kalb c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	Secretary	N/A
Teri Trimmer c/o UniCapital Corporation	10800 Biscayne Blvd. #800	Miami, FL	33161	Assistant Secretary	N/A