

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90125 001 \*\*\*900.00

0200549

**DOCUMENT # P92000000777**

1. Entity Name  
**CLA CANADA, INC.**

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**

**71694**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0373551**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKYWATCH REGISTERED AGENTS, INC.**  
**10800 BISCAYNE BLVD., LAW DEPT.**  
**SUITE 800**  
**MIAMI FL 33161**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	NEW, ROBERT J	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	NEW, JONATHAN	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAUFF, STUART	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THORNTON, JEP	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THORNTON, SAM	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIPPMAN, WAYNE	
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800	
CITY-ST-ZIP	MIAMI FL 33161	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-899-5000**

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