

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91588 011 ***150.00

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



2. Principal Place of Business

3. Mailing Address

C/O UNICAPITAL CORP
 Suite, Apt. #, etc.

C/O UNICAPITAL CORP
 Suite, Apt. #, etc.

20801 Biscayne Blvd. #403

20801 Biscayne Blvd. #403

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number **65-0373551**

Applied For
 Not Applicable

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
SKYWATCH REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd.
Suite 403
 City **Aventura** **FL** Zip Code **33180**

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDDELL, E TALBOT 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHAIT, DANIEL 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, STEVEN 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VORRATH, DAVID 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALB, MARTIN 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRIMMER, TERI 10800 BISCAYNE BLVD., SUITE 800 MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT ANTHONY M. HAGEN 2059 Northlake Parkway Tucker, GA 30084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20801 Biscayne Blvd., Suite 403 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20801 Biscayne Blvd., Suite 403 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NON-EXECUTIVE EMPLOYEE RICHARD CANNON 20801 Biscayne Blvd., Suite 403 Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, TREASURER ROBERT KEYES 2059 Northlake Parkway Tucker, GA 30084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARK ANDERSSON 2059 Northlake Parkway Tucker, GA 30084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Signature Required*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)