2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P93000052485** 1. Entity Name CLIFTON VENTURES, INC. 04-18-2000 90244 041 ***150.00 Mailing Address Principal Place of Business 355 NE 5 AVE 355 NE 5 AVE STE 4 STF 4 A0040860 **DELRAY BCH FL 33483-5542** DELRAY BCH FL 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0435869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIENER, DAVID J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) LEVY, KNEEN, BOYES, WIENER, GOLDSTEIN 1400 CENTREPARK BLVD., SUITE 1000 WEST PALM BEACH FL 33401 e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the pu /po SIGNATURE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete lunder, J. Martin 355 NE 5th Ave NAME CARDER, J. MARTIN NAME STREET ADDRESS STREET ADDRESS 7200 W. CAMINO REAL, #314 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** √**7**) Change ☐ Addition Delete TITLE TITLE NAME BINNS, PHILIP A NAME STREET ADDRESS STREET ADDRESS 7200 W. CAMINO REAL, #314 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** □ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Daylime Phone #