

APPROVED
AND
FILED

00 JUN -2 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 93000074000

1. Entry Name

The CLA Asset Resources Group, Inc.

2. Place of Business

3. Mailing Address

5030 Champion Blvd #1425
Boca Raton, FL 33496

(SAME)

2. Principal Place of Business

3. Mailing Address

State, Loc #, etc.

State, Loc #, etc.

City & State

City & State

4. FEI Number

850453599

Additional

Fees Due

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGERMAN, PHILIP
5030 CHAMPION BLVD # 6425
BOCA RATON, FL 33496

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

Signature of person filing this report (if not owner, agent and date)

(NOTE: Registered Agent Signature required when necessary)

DATE

9. This corporation is eligible to satisfy its tax filing requirements and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$850.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Philip Langerman VP
Glenn Plotnik 4/27/2000 561-369-2520
Derek
Signature
Derek
Sent New
w/ 1/10 20
4/26/2000

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