## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P94000091456

Address:

City-St-Zip:

4300 N.W. 44TH STREET

TAMARAC, FL

Entity Name: CLAGICO MANAGEMENT CONSULTANTS, INC.

FILED Mar 25, 2002 8:00 AM Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	f Business:	
43000 N.W. 44TH STREET					
TAMARAC	, FL 33319	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
4300 N W	44TH STREE	T	PO BOX 590961		
TAMARAC, FL 33319 US				FT LAUDERDALE, FL 33359 US	
FEI Number:	65-0548843	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CASTORO, FRANCIS X					
2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 US					
	•				
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.	·			
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
This corpora	ation is eligible t	o satisfy its Intangible Tax filing requ	uirement and elects to do so (X).		
Election Can	npaign Financin	g Trust Fund Contribution ( ).	` '		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	Р (	) Delete	Title: (	) Change ( ) Addition	
Name:	COTE, CLAUD		Name:		
Address: City-St-Zip:	4300 N.W. 441 TAMARAC, FL	IH STREET	Address: City-St-Zip:		
Gity-St-Zip.	TAMAKAO, FL		Οπ <b>υ</b> -οι-Ζίμ.		
Title:	T ( COTE, GISELE	) Delete	`	) Change ( ) Addition	
Name:	OUTE, GISELE		Name:		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE COTE P 03/25/2002