

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90108 007 \*\*\*150.00

DOCUMENT # P94000093898

1. Entity Name

CLARIDGE GROUP, INC.

Principal Place of Business

Mailing Address

4930 SARAZEN DRIVE  
 HOLLYWOOD FL 33021

4930 SARAZEN DRIVE  
 HOLLYWOOD FL 33021-2266

602444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4930 SARAZEN DR.  
 Suite, Apt. #, etc.

4930 SARAZEN DR.  
 Suite, Apt. #, etc.

City & State  
 HOLLYWOOD FLORIDA

City & State  
 HOLLYWOOD FLORIDA

4. FEI Number 65-0547309

Applied For  
 Not Applicable

Zip 33021 Country USA

Zip 33021 Country USA

5. Certificate of Status Desired *No Fee* \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISRAEL, STANLEY E  
 450 N PARK ROAD #805  
 HOLLYWOOD FL FL330-21

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>NOTKIN, HARRY<br>4930 SARAZEN DR<br>HOLLYWOOD FL   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>NOTKIN, NATALIE<br>4930 SARAZEN DR<br>HOLLYWOOD FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input 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: *Stanley E. Israel* HARRY NOTKIN, PRES. Date: 01/05/00 Daytime Phone #: 954-985-9663

CR2E034 (9/99)