

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029990

1. Entity Name

CLOUD SEVEN, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90100 040 ***150.00

Principal Place of Business

1160 BULEVAR DE PALMAS
 MARATHON FL 33050

Mailing Address

1160 BULEVAR DE PALMAS
 MARATHON FL 33050-2529

2. Principal Place of Business

9000 Aviation Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 523148

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marathon FL

City & State

Marathon Shores, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33050

USA

Zip

Country

33052

USA

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

WILENSKY, ALBERT
 3050 BISCAYNE BLVD
 SUITE 1002
 MIAMI FL 33137

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, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, HARRY 1160 BULEVAR DE PALMAS MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

305 7436723

CR2E034 (9/99)