

2002 UNIFORM BUSINESS REPORT (UBR)

06/15/99 SP

DOCUMENT # **P95000040582**

1. Entity Name

C L FINANCIAL SERVICES INTERNATIONAL CORPORATION

FILED

02 APR 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% 2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

Mailing Address
**% 2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0751806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HCRM CORP.
2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

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, 2002 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
**DPT
DUPREY, LAWRENCE A.
% 2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CH, CEO, T, D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
COOK, JOSEPH R.
2200 CORPORATE BLVD NW STE 401
BOCA RATON FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.02

561.997.9223

Date

Daytime Phone #

CR2E034 (9/01)