

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069547

1. Entity Name

CLEARBRONZ INCORPORATED

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90170 037 ***150.00

Principal Place of Business

11920 N.W. 29 PLACE
SUNRISE FL 33323

Mailing Address

1844 NOB HILL RD
STE 253
PLANTATION FL 33322-6548
US

2. Principal Place of Business

7833 EXETER BLVD E.

3. Mailing Address

7833 EXETER BLVD E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL.

City & State

TAMARAC FL

4. FEI Number

65-0606037

Applied For

Not Applicable

Zip

33321

Country

U.S.A

Zip

33321

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, ELLIOTT
11920 N.W. 29 PLACE
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

ELLIOTT MEYER

Street Address (P.O. Box Number is Not Acceptable)

7833 EXETER BLVD EAST

City

TAMARAC

FL

Zip Code

33321

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

ELLIOTT MEYER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/99

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEYER, ELLIOTT	
STREET ADDRESS	11920 N.W. 29 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEYER, ROSALIE	
STREET ADDRESS	11920 N.W. 29 PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEYER, PAUL	
STREET ADDRESS	8060 NW 47 CT	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ELLIOTT	
STREET ADDRESS	7833 EXETER BLVD EAST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ROSALIE	
STREET ADDRESS	7833 EXETER BLVD EAST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, PAUL	
STREET ADDRESS	1025 N.W. 108 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4/6/00

954-724-9242

CR2E034 (9/99)