## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000017111 **DOCUMENT #** 1. Entity Name CLAIRE DE MAR, INC.

**SIGNATURE:** 

## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90031 036 \*\*\*150.00

Daytime Phone #

			The state of the s			
Principal Place of Business 319 WALNUT ST HOLLYWOOD FL 33019		Mailing Address 319 WALNUT ST HOLLYWOOD FL 33018	9		<b></b>	U 11891 (181 1861
2. Principal	Place of Business	3. Mailing Address				
			<u>.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0652547 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	¢0.75	dditional
	6. Name and Address of	of Current Registered Agent		7. Name and Address of New Registe		-
DOLL DA	NAD I		-Name			
POLL, DA 319 Wali			Street Address	P.O. Box Number is Not Acceptable)		
HOLLYWO	OOD FL 33019			***		<del></del>
			City		FL Zip Coo	de
8. The above the obliga	named entity submits this stations of registered agent.	atement for the purpose of changing	its registered office or registe	red agent, or both, in the State of Florida. I	am familiar with,	, and accept
,				lhel	/2.2	
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable. (N	IOTE: Registered Agent signature required	d when reinstating)	<u> 2003</u> Te	
Afte	TILE NOW!!! FEE IS \$15 or May 1, 2003 Fee will be k Payable to Florida Depar	\$550.00		Election Campaign Financing     Trust Fund Contribution.	_ +0.0	00 May Be d to Fees
10.		ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME	P   POLL, DAVID L	☐ Delete	TITLE		Change	Addition
STREET ADDRESS CITY-ST-ZIP	319 WALNUT ST. HOLLYWOOD FL 33019		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME		_ , ,	
CITY-ST-ZIP	.*		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE	16.1	☐ Change	Addition
STREET ADDRESS	<u> </u>		NAME STREET ADDRESS		<del></del>	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	- 141 12 111A	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME			1
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12. I hereby c	ertify that the information support or authorized	plied with this filing does not qualify to	or the exemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further	certify that the in	formation
of the corp changed,	poration or the receiver or trus or on an attachment with an a	tee empowered to execute this reported that that the tempowered to execute this reported that the tempowered to the temp	rt as required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; tha Florida Statutes; and that my name appeal	I am an officer on a sin Block 10 or	or director Block 11 if