

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045965

1. Entity Name\*  
**CLAMI CORP.**

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

05-19-2000 90059 004 \*\*\*150.00

Principal Place of Business Mailing Address  
% MITCHELL A. SILVER & CO. % MITCHELL A. SILVER & CO.  
P.O. BOX 22-3592 P.O. BOX 22-3592  
HOLLYWOOD FL 33022-3592 HOLLYWOOD FL 33022-3592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0675247</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LOAYZA, CLAUDIA M</b> <b>5900 JOHNSON STREET</b> <b>HOLLYWOOD FL 33021-5638</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>Hollywood</b> <b>FL</b> Zip Code <b>33020</b>			

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>LOAYZA, CLAUDIA M</b> <b>5900 JOHNSON STREET</b> <b>HOLLYWOOD FL 33021-5638</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2648 Wilson Street</b> <b>Hollywood, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)