2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90101 036 ***150.00

DOCUMENT # P96000066020 (4)

1. Entity Name
CLIENT BUILDERS, INC.

UU057986

Principal Place of Business	Mailing Address
~~1700 N. STATE RD 7~~	~~4700 N. STATE RD 7~~
~~#221~~	~~#221~~
~~FT. LAUDERDALE, FL 33319~~	~~FT. LAUDERDALE, FL 33319~~
2. Principal Place of Business	3. Mailing Address
2825 N. UNIVERSITY DR.	2825 N. UNIVERSITY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
410	410
City & State	City & State
CORAL SPRINGS, FL	CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0686843 ☐ Applied For ☐ Not Applicable

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
KENT, DONNA J.	Name: DONNA J. KENT
1700 N. STATE ROAD 7	Street Address (P.O. Box Number is Not Acceptable): 2825 N. UNIVERSITY DR.
#221	#410
FT. LAUDERDALE, FL 33319	City: CORAL SPRINGS FL Zip Code: 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
D DONNA J. KENT 5251 NW 96 DR. CORAL SPRINGS, FL 33076			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Add
		D LOURDES LAVASTIDA 5251 NW 96 DRIVE CORAL SPRINGS, FL 33076	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Add
		D TRACY MARTIN 255 NW 100 AVE PLANTATION, FL 33324	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 in 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 AND TITLE/STATUS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR