

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000089137

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: FRESH CLAMS, INC.

Current Principal Place of Business:

6150 NW 153RD STREET
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5032
MIAMI LAKES, FL 330141032 US

New Mailing Address:

FEI Number: 65-0735149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARZA, STEPHEN J
16020 ABERDEEN WAY
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARZA, STEPHEN
Address: 16020 ABERDEEN WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: JOHNSON, JAMES H JR
Address: 3025 BLAINE STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J GARZA

D

01/14/2002

Electronic Signature of Signing Officer or Director

_____ Date