

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90072 049 \*\*\*150.00

**DOCUMENT #** P97000004604  
**1. Entity Name** CLIENTEL ENTERPRISES, INC

**Principal Place of Business** *Sams*  
**Mailing Address** 920 NW 45 ST #6  
POMPANO BEACH, FL 33064

**2. Principal Place of Business**  
**3. Mailing Address** 920 NW 45 ST #6  
**Suite, Apt. #, etc.** #6

**City & State** Pompano Beach FL  
**Zip** 33064  
**Country** USA

**4. FEI Number** 65-0723505  
**Applied For** Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
JAMES MONACO  
920 NW 45 ST #6  
POMPANO BEACH, FL 33064

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code**

**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** JAMES MONACO PRES *J Monaco* **DATE** 4/12/00  
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	
<b>TITLE</b> PRESIDENT <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> JAMES MONACO	
<b>STREET ADDRESS</b> 920 NW 45 ST #6	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> Pompano Beach FL 33064	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>NAME</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>NAME</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>NAME</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>NAME</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**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:** *J Monaco* JAMES MONACO PRES **DATE** 4/12/00 **Daytime Phone #** (954) 998-9844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)