

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90274 018 ***150.00

DOCUMENT # P97000058336

1. Entity Name
C.L.N. HOSPITALITY MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10680 NW 25TH ST MIAMI FL 33172 US	Mailing Address 10680 NW 25TH ST MIAMI FL 33172 US
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2. Principal Place of Business 12320 SW 132 CT	3. Mailing Address 12320 SW 132 CT
Suite, Apt. #, etc. # 33	Suite, Apt. #, etc. # 33
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33186	Country
Country	Zip 33186
Country	Country

4. FEI Number 65-0769740	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRESCHER, M D
9703 S DIXIE HWY STE 2-E
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name **POTENZA, CARMINE**
 Street Address (P.O. Box Number is Not Acceptable)
12320 SW 132 CT
 City **MIAMI** FL Zip Code **33186**

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 **PREJ** DATE **4/26/02**
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTENZA, CARMINE <input type="checkbox"/> Delete 9660 SW 106 CT MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTENZA, PATRICIA <input type="checkbox"/> Delete 9660 SW 106 CT MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/26/02** Daytime Phone #

CR2E034 (9/01)