

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90159 031 ***150.00

DOCUMENT # P97000098914

1. Entity Name

CLIFFWELL, INC.

Principal Place of Business

**8464 NW 2ND ST
 CORAL SPRINGS FL 33071**

Mailing Address

**COLEMAN C. SWEET, ATTY AT LAW
 6113 PLANTATION RD.
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

Broward

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN C. SWEET, ATTY AT LAW
~~C/O FARRINGTON, STE 110~~
 1195 E. OAKLAND PARK BLVD
 FORT LAUDERDALE FL 33306**

Name

Street Address (Post Office Box Number is Not Acceptable)

**COLEMAN C. SWEET
 Attorney at Law
 6113 Plantation Rd.
 Plantation, FL 33317**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDST
 BLAND, JOSEPH G
 8464 NW 2ND ST
 CORAL SPRINGS FL 33071** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPE OF OFFICE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(954)
 753-7098*

CR2E034 (9/01)